

**Bridgeview Dental Associates**  
**Medical History**

**Do you have or have you had any of the following:**

Heart Disease	y__ n__	Diabetes	y__ n__
Heart Attack	y__ n__	Kidney Disease/Dialysis	y__ n__
Heart Murmur or Mitral Valve Prolapse	y__ n__	Liver Problems	y__ n__
Rheumatic Fever	y__ n__	Thyroid Problems	y__ n__
Pacemaker	y__ n__	Epilepsy	y__ n__
Angina/Chest Pains	y__ n__	Fainting/Seizures	y__ n__
High Blood Pressure	y__ n__	Arthritis	y__ n__
Low Blood Pressure	y__ n__	Emphysema	y__ n__
Stroke	y__ n__	Respiratory Problems	y__ n__
Blood Transfusions	y__ n__	Cancer	y__ n__
Anemia	y__ n__	Radiation/Chemo Therapy	y__ n__
Bleeding Disorders	y__ n__	Psychiatric Problems	y__ n__
Hip/Joint Replacement	y__ n__	Drug/Alcohol Abuse	y__ n__
		Frequent Headaches	y__ n__

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**Do you have or have you been exposed to:**

Tuberculosis	y__ n__	HIV/AIDS	y__ n__
Hepatitis (any type)	y__ n__	Herpes/ Cold sores	y__ n__

Are you in general good health? y\_\_ n\_\_

Have you been under a physician's care within the last 2 years? y\_\_ n\_\_

If yes, explain \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Do you smoke tobacco or use tobacco products? y\_\_ n\_\_ How much? \_\_\_\_\_

Are you taking ANY blood thinners? y\_\_ n\_\_ Please list \_\_\_\_\_

Do you take daily aspirin? y\_\_ n\_\_

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**Are you allergic to or had a reaction to any of the following:**

Penicillin	y__ n__	Erythromycin	y__ n__
Codeine	y__ n__	Sulfa Drugs	y__ n__
Aspirin	y__ n__	Latex	y__ n__
Other	_____		

Have you had any complications from dental anesthetics? y\_\_ n\_\_

Please list all prescription and non-prescription drugs you are using: \_\_\_\_\_

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Please list all herbal supplements/remedies you are taking: \_\_\_\_\_

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**Women please check any that apply:**

Possible Pregnancy?	y__ n__
Birth Control Pills	y__ n__
Hormone Replacement Therapy	y__ n__

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The information given above is correct to the best of my knowledge. I understand this information is held in strict confidence, and it is my responsibility to inform this office of changes in my health status.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_