

MEDICAL QUESTIONNAIRE

NAME: _____

DATE: _____

YES NO QUESTIONS:

[] [] 1. Have you ever had serious illness or hospitalizations?

[] [] 2. Have you ever had blood transfusion?

[] [] 3. Do you have allergies?

[] [] 4. Are you taking any medications?

[] [] 5. Have you had a heart murmur? Or any heart problem?

[] [] 6. When was your last medical check-up?

[] [] 7. Have you had an adverse reaction to any medicine or injection?

[] [] 8. Any medical disease that run in your family like cancer, diabetes or heart disease?

[] [] 9. Are you nervous during dental treatment?

[] [] 10. For women: Are you pregnant? Or breast feeding?

11. CHECK IF YOU HAD ANY OF THE FOLLOWING:

YES NO QUESTIONS:

- | | | | | | |
|-----|-----|-----------------------------|-----|-----|--------------------------------|
| [] | [] | 12. Anemia | [] | [] | 34. High blood pressure |
| [] | [] | 13. Arthritis, Rheumatism | [] | [] | 35. HIV, AIDS |
| [] | [] | 14. Artificial heart valves | [] | [] | 36. Jaw pain |
| [] | [] | 15. Artificial Joints | [] | [] | 37. Kidney disease |
| [] | [] | 16. Back Problems | [] | [] | 38. Liver disease |
| [] | [] | 17. Blood disease | [] | [] | 39. Mitral valve prolapse |
| [] | [] | 18. Cancer | [] | [] | 40. Pacemaker |
| [] | [] | 19. Chemical dependency | [] | [] | 41. Radiation treatment |
| [] | [] | 20. Chemotherapy | [] | [] | 42. Respiratory disease |
| [] | [] | 21. Cholesterol | [] | [] | 43. Rheumatic fever |
| [] | [] | 22. Circulatory problem | [] | [] | 44. Scarlet fever |
| [] | [] | 23. Cortisone treatment | [] | [] | 45. Shortness of breath |
| [] | [] | 24. Cough up blood | [] | [] | 46. Skin Rash |
| [] | [] | 25. Diabetes | [] | [] | 47. Stroke |
| [] | [] | 26. Epilepsy | [] | [] | 48. Swelling of feet or ankles |
| [] | [] | 27. Fainting | [] | [] | 49. Thyroid problems |
| [] | [] | 28. Glaucoma | [] | [] | 50. Tobacco habit |
| [] | [] | 29. Headaches | [] | [] | 51. Tuberculosis |
| [] | [] | 30. Heart murmur | [] | [] | 52. Tonsillitis |
| [] | [] | 31. Heart problems | [] | [] | 53. Ulcer |
| [] | [] | 32. Hemophilia | [] | [] | 54. Venereal disease |
| [] | [] | 33. Hepatitis | [] | [] | 55. Other: Please Specify |

Patient Signature: _____