HEALTH HI	ISTORY			
Physician's Name Date of last visit				
Have you ever taken any of the group of drugs collectively referred to as "fen-phen?" These include combinations of Ionimin, Adipex, Fastin (brand names of phentermine), Pondimin (fenfluramine) and Redux (dexfenfluramine).				
	o indicate if you have had any of the following			
AIDS/HIV	☐ Yes ☐ No Epilepsy	☐ Yes ☐ No	Respiratory Disease	☐ Yes ☐ No
Anemia	☐ Yes ☐ No Fainting or dizziness	☐ Yes ☐ No	Rheumatic Fever	☐ Yes ☐ No
Arthritis, Rheumatism	☐ Yes ☐ No Glaucoma	☐ Yes ☐ No	Scarlet Fever	☐ Yes ☐ No
Artificial Heart Valves	☐ Yes ☐ No Headaches	☐ Yes ☐ No	Shortness of Breath	☐ Yes ☐ No
Artificial Joints	☐ Yes ☐ No Heart Murmur	☐ Yes ☐ No	Sinus Trouble	☐ Yes ☐ No
Asthma  Real Problems	☐ Yes ☐ No Heart Problems	Yes No	Skin Rash	☐ Yes ☐ No
Back Problems  Bleeding abnormally, with	☐ Yes ☐ No Hepatitis Type Herpes	☐ Yes ☐ No☐ Yes ☐ No☐ No☐ No☐ No☐ No☐ No☐ No☐ No☐ No☐ N	Special Diet Stroke	☐ Yes ☐ No ☐ Yes ☐ No
extractions or surgery	☐ Yes ☐ No High Blood Pressure	☐ Yes ☐ No	Swollen Feet or Ankles	☐ Yes ☐ No
Blood Disease	☐ Yes ☐ No Jaundice	☐ Yes ☐ No	Swollen Neck Glands	☐ Yes ☐ No
Cancer	☐ Yes ☐ No Jaw Pain	☐ Yes ☐ No	Thyroid Problems	☐ Yes ☐ No
Chemical Dependency	Yes No Kidney Disease	☐ Yes ☐ No	Tonsillitis	☐ Yes ☐ No
Chemotherapy	☐ Yes ☐ No Liver Disease	☐ Yes ☐ No	Tuberculosis	☐ Yes ☐ No
Circulatory Problems	☐ Yes ☐ No Low Blood Pressure	☐ Yes ☐ No	Tumor or growth on head	□Vaa □Na
Congenital Heart Lesions Cortisone Treatments	☐ Yes ☐ No Mitral Valve Prolapse ☐ Yes ☐ No Maryous Problems	☐ Yes ☐ No	or neck Ulcer	☐ Yes ☐ No ☐ Yes ☐ No
Cough, persistent or bloody	☐ Yes ☐ No Nervous Problems ☐ Yes ☐ No Pacemaker	☐ Yes ☐ No	Venereal Disease	☐ Yes ☐ No
Diabetes	Yes No Psychiatric Care	☐ Yes ☐ No	Weight Loss, unexplained	☐ Yes ☐ No
Emphysema	☐ Yes ☐ No Radiation Treatment	☐ Yes ☐ No		
Do you wear contact lenses?  Women:	☐ Yes ☐ No			
Are you pregnant?	Yes No Due date		Are you nursing	g?  Yes  No
Are you pregnant? Taking birth control pills?	☐ Yes ☐ No Due date ☐ Yes ☐ No			g?  Yes  No
Taking birth control pills?	Yes No	41/4 ** ** ** ** ** ** ** ** ** ** ** ** **		g?
Taking birth control pills?	Yes No		ALLERGIES	
Taking birth control pills?  MED  List any medications you are cu	Yes No	☐ Aspirin	ALLERGIES  □ Local Anesther	
Taking birth control pills?	Yes No		ALLERGIES  □ Local Anesther	
Taking birth control pills?  MED  List any medications you are cu	Yes No	☐ Aspirin	ALLERGIES  □ Local Anesther	
Taking birth control pills?  MED  List any medications you are cu diagnosis:	Yes No ICATIONS  Irrently taking and the correlating	☐ Aspirin☐ Barbiturates (Sleep	ALLERGIES  Local Anesthering pills) Penicillin	tic
Taking birth control pills?  MED  List any medications you are cu diagnosis:	Yes No ICATIONS  Irrently taking and the correlating	☐ Aspirin ☐ Barbiturates (Sleep ☐ Codeine ☐ Iodine	ALLERGIES  Local Anesthering pills)  Penicillin  Sulfa	tic
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Taking birth control pills?  MED  List any medications you are cudiagnosis:  Pharmacy Name Phone ()  Has there been any change in your pills?	Yes No ICATIONS  Irrently taking and the correlating	☐ Aspirin ☐ Barbiturates (Sleep ☐ Codeine ☐ lodine ☐ Latex	ALLERGIES  Local Anesthering pills)  Penicillin  Sulfa	tic
Taking birth control pills?  MED  List any medications you are cudiagnosis:  Pharmacy Name Phone ()  Has there been any change in your for what conditions?	Yes No  ICATIONS  Irrently taking and the correlating  To be filled in at future appointments)  Your health since your last dental appointments	☐ Aspirin ☐ Barbiturates (Sleep ☐ Codeine ☐ lodine ☐ Latex   The Property of	ALLERGIES  Local Anesthering pills) Penicillin Sulfa Other	tic
List any medications you are cudiagnosis:  Pharmacy Name Phone ()  Has there been any change in your for what conditions?  Are you taking any new medications?	To be filled in at future appointments)  your health since your last dental appointments  If so, what?	☐ Aspirin ☐ Barbiturates (Sleep ☐ Codeine ☐ lodine ☐ Latex  ht? ☐ Yes ☐ No	ALLERGIES  Local Anesthering pills) Penicillin Sulfa Other	tic
List any medications you are cudiagnosis:  Pharmacy Name Phone ()  Has there been any change in your for what conditions?  Are you taking any new medications?	Yes No  ICATIONS  Irrently taking and the correlating  To be filled in at future appointments)  Your health since your last dental appointments	☐ Aspirin ☐ Barbiturates (Sleep ☐ Codeine ☐ lodine ☐ Latex  ht? ☐ Yes ☐ No	ALLERGIES  Local Anesthering pills) Penicillin Sulfa Other	tic
Taking birth control pills?  MED  List any medications you are curdiagnosis:  Pharmacy Name Phone ()  Has there been any change in your for what conditions?  Are you taking any new medicate Patient's Signature	To be filled in at future appointments)  your health since your last dental appointments  If so, what?	☐ Aspirin ☐ Barbiturates (Sleep ☐ Codeine ☐ lodine ☐ Latex   nt? ☐ Yes ☐ No	ALLERGIES  Local Anesthering pills) Penicillin Sulfa Other  Date	tic
Taking birth control pills?  MED  List any medications you are curdiagnosis:  Pharmacy Name Phone ()  Has there been any change in your for what conditions?  Are you taking any new medicate Patient's Signature  Doctor's Signature	To be filled in at future appointments)  your health since your last dental appointments  If so, what?	☐ Aspirin ☐ Barbiturates (Sleep ☐ Codeine ☐ lodine ☐ Latex   The Property of	ALLERGIES  Local Anesthering pills) Penicillin Sulfa Other  Date	tic
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Taking birth control pills?  MED  List any medications you are curdiagnosis:  Pharmacy Name Phone ()  For what conditions?  Are you taking any new medicate Patient's Signature Doctor's Signature Has there been any change in your street or signature For what conditions?	To be filled in at future appointments)  your health since your last dental appointments  for be filled in at future appointments  your health since your last dental appointments  your health since your last dental appointments	Aspirin Barbiturates (Sleep Codeine lodine Latex  The state of the sta	ALLERGIES  Local Anesthering pills) Penicillin Sulfa Other  Date	tic
Taking birth control pills?  MED  List any medications you are curdiagnosis:  Pharmacy Name Phone ()  For what conditions?  Are you taking any new medicate patient's Signature Doctor's Signature Has there been any change in your street process of the proce	To be filled in at future appointments)  your health since your last dental appointments  your health since your last dental appointments	Aspirin Barbiturates (Sleep Codeine lodine Latex   TYes No	ALLERGIES  Local Anesthering pills) Penicillin Sulfa Other  Date	tic