

Medical History

Are you in good health? Y N

Have you been examined by a physician within the last year? Y N
 If yes, why? _____

Are you being treated for any condition by a physician now? Y N
 If yes, explain _____

Please list any medications you are currently taking _____

Have you ever been hospitalized, seriously ill, or had a surgical procedure? Y N
 If yes, explain _____

Do you wear a pacemaker or other heart prosthesis? Y N

Do you have any prosthetic appliance (i.e., knee, hip, etc.)? Y N

Do you require Pre-Medication with antibiotics before dental treatment? Y N

Have you ever taken any oral bisphosphonate medication for osteoporosis, such as *Fosamax, Boniva, Didrocal and Actonel*? Y N

Have you ever been given bisphosphonates intravenously, such as *Bonefos, Zometa and Aredia*? Y N

Do you take aspirin or blood thinning medication on a regular basis, such as *Plavix, Coumadin*? Y N

Have you ever had any allergic reactions to any drugs, including *Penicillin, Codeine, Novocaine, Aspirin*? Y N
 Which drug(s) _____

Have you ever experienced an allergic reaction or hypersensitivity to Latex products, or any metals? Y N

Women: Are you or could you possibly be pregnant at this time? Y N
 If yes, when is your estimated deliver date? _____ Are you nursing? Y N
 Do you take oral contraceptives? Y N

Medical conditions (circle yes or no if you have/had any of the following)

Heart Disease	Y N	Psychiatric	Y N	Hemophilia	Y N	Hypo/Hyper Thyroid	Y N
Rheumatic Fever	Y N	HIV/AIDS	Y N	Anemia	Y N	Tuberculosis	Y N
Heart Murmur/MVP	Y N	Hepatitis	Y N	Glandular Disturbance	Y N	Asthma	Y N
Stroke	Y N	Liver disease	Y N	Cancer	Y N	Glaucoma	Y N
Heart Attack	Y N	Kidney Disease	Y N	Organ Transplant	Y N	Epilepsy	Y N
High Blood Pressure	Y N	Sinus Trouble	Y N	Diabetes	Y N	COPD	Y N
Ulcers	Y N	Shunt/Stent	Y N	Arthritis	Y N	Other	Y N
Blood Disorder	Y N	Lung Disease	Y N	Hearing Problems	Y N		

I hereby certify that the above information is correct to the best of my knowledge. I will not hold the practice of Paul A. Romano, DDS, PC or its employees responsible for any situation which arises from lack of disclosure or misinformation. In the event of an emergency, Paul A. Romano, DDS, PC, or any of its employees is authorized to contact "911" for emergency treatment. I, the undersigned, agree to assume all costs associated with this emergency care.

Patient Signature _____ Date _____

Parent/Guardian Signature _____ Date _____