

## **Honolulu Smiles**

PATIENT NAME	DATE
Medical History	
Are you under a physician's care now? Yes No Why?	Phone:
Have you ever been hospitalized or had a major operation? Yes	No Discuss
Have you ever have a serious injury to your head or neck? Yes	No Discuss
MEDICATIONS, pills or drugs currently taking?	
	Ever taken fen-phen? Yes No
ALLERGIES: Are you allergic to any medication or substances? Yether Aspirin $\theta$ Penicillin $\theta$ Codeine $\theta$ Acrylic $\theta$	Metal θ Latex rubber
θ Other:	
Women (please check):	
θ Pregnant/trying to get pregnant θ Nursing θ Taking oral contraceptives Discuss	
Do you now have or have you ever had any of the following? <i>If yes</i> , please check appropriate boxes.	
* If yes to any of the starred conditions, premedication may be requir	red.
$\begin{array}{cccc} \theta & \text{Heart trouble/disease} & \theta & \text{Sickle Cell Disease} & \theta \\ \theta & \text{Heart Murmur}^* & \theta & \text{Hemophilia (bleeding problem)} & \theta \end{array}$	Ulcers $\theta$ Venereal Disease Recent Weight loss $\theta$ AIDS
$\theta$ Irregular heart beat $\theta$ Leukemia $\theta$	Frequent Diarrhea θ HIV Positive
$\theta$ Angina/chest pain $\theta$ Recent blood transfusion $\theta$	Diabetes θ Genital Herpes
$\begin{array}{cccc} \theta & \text{Heart attack/Failure} & \theta & \text{Swelling of limbs} & \theta \\ \theta & \text{Congenital Heart disorder} & \theta & \text{Lung Disease} & \theta \end{array}$	Hypoglycemia $\theta$ Drug Addiction Liver disease $\theta$ Tattoos
$\theta$ Mitral Valve prolapse * $\theta$ Breathing problem $\theta$	Hepatitis A θ Cold sores
$\theta  \text{Scarlet fever} \qquad  \theta  \text{Shortness of Breath} \qquad  \theta$	Hepatitis B θ Fever blisters
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Hepatitis C θ Herpes Yellow Jaundice θ Stroke
$\theta$ Artificial heart valve* $\theta$ Hay Fever $\theta$ Heart Pace Maker* $\theta$ Sinus Trouble $\theta$	Kidney problems θ Convulsions
$\theta$ Heart Surgery $\theta$ Asthma $\theta$	Renal Dialysis θ Epilepsy or Seizures
$\theta$ High Blood Pressure $\theta$ Bloody sputum $\theta$	Thyroid Disease θ Fainting or Dizziness
$\begin{array}{cccc} \theta & \text{Low Blood Pressure} & \theta & \text{Emphysema} & \theta \\ \theta & \text{Blood Disease} & \theta & \text{Tuberculosis} & \theta \end{array}$	Parathyroid Disease $\theta$ Glaucoma Arthritis/Gout $\theta$ Tumors or Growths
$\theta$ Unexplained Fever $\theta$ Cancer $\theta$	Rheumatism θ Nervousness
$\theta$ Bruise easy $\theta$ X-ray treatment (radiation) $\theta$	Pin in Jaw Joints θ Psychiatric care
$\begin{array}{cccc} \theta & \text{Anemia} & \theta & \text{Chemotherapy} & \theta \\ \theta & \text{Excessive bleeding} & \theta & \text{Stomach/Intestinal Disease} & \theta \end{array}$	Cortisone Medicine $\theta$ Alzheimer's disease  Artificial Joint* $\theta$ Hives or rash
Have you ever had any other serious illness not mentioned above? Yes No Discuss	
Do you wish to talk to the dentist privately about any problem? Yes No Discuss	
To the best of my knowledge, all the preceding answers are correct. If I have any changes in my health or if my medicines change. I shall inform the dentisand staff at the next appointment without fail.	
X	Date
Reviewed by Doctor	Date
Medical Updates	
	firm that it adequately states past and present conditions.
DATE Exceptions PA	ATIENT SIGNATURE BP/ Pulse REVIEWED BY
None θ	
Mone $\theta$ None $\theta$	
None θ	
None θ	
Mone $\theta$ None $\theta$	
None θ	
None θ	
None $\theta$ None $\theta$	

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