

WHITEHEAD ORTHODONTICS

Medical History
(Please Print)

Name _____ Today's date _____
Person supplying information _____ Relationship to patient _____
Contact in case of emergency _____

PAST MEDICAL HISTORY

NO		YES
	Under care of physician now?	
	Serious illness?	
	Cancer, tumor, malignancy?	
	AIDS?	
	Serious injuries?	
	Hospital admissions?	
	Operations?	
	Local anesthetic complications?	
	Allergies?	
	Latex allergy?	
	Present medication?	
	Tobacco?	

Comments:

Date of last physical examination? _____ Why? _____

REVIEW OF SYSTEMS

Please check all that apply:

CARDIOVASCULAR

Angina _____
Heart Attack _____
Congenital heart defect _____
Rheumatic fever _____
Rheumatic heart disease _____
Mitral valve prolapsed _____
Require antibiotics before dental procedure _____
High blood pressure _____
Stroke _____

RESPIRATORY

Tuberculosis _____
Emphysema _____
Asthma _____
Shortness of breath _____
Swelling of feet _____

MUSCULOSKELETAL

Arthritis _____
Bone disorders _____
Fractures _____
Muscular disorders _____

HEMATOPOIETIC

Anemia _____
Bleeding Disorders _____
Anticoagulants _____
Leukemia _____

ENDOCRINE

Diabetes _____
Adrenal disorders _____
Thyroid disorders _____
Parathyroid disorders _____
Steroids _____

GENITOURINARY

Kidney infections _____
Venereal disease _____

NEUROLOGIC

Autism Mild _____ Moderate _____ Severe _____
Asperger's Syndrome _____
Sensory Disorders _____
Paralysis _____
Epilepsy _____
Convulsions _____
Psychiatric treatment _____
Faints/Spells _____
Tranquilizers _____

GASTROINTESTINAL

Ulcers _____
Bleeding _____
Hepatitis _____
Jaundice _____
Cirrhosis _____

Signature: _____