

Medical History:

Do you have or ever had:

Rheumatic Fever or heart disease.....	Yes No	Anemia, Leukemia or Low Platelets.....	Yes No
Epilepsy or Convulsions.....	Yes No	Asthma or hayfever.....	Yes No
Tuberculosis.....	Yes No	Diabetes.....	Yes No
Kidney Trouble.....	Yes No	Liver Trouble or Jaundice.....	Yes No
Thyroid Trouble or Goiter.....	Yes No	Glaucoma.....	Yes No
Fainting or Dizziness.....	Yes No	Arthritis.....	Yes No
HIV/AIDS.....	Yes No	Stroke.....	Yes No
Hepatitis.....	Yes No	Psychiatric Treatment.....	Yes No
Tumor or Cancer.....	Yes No	Abnormal Bleeding.....	Yes No
Heart Murmur.....	Yes No	High Blood Pressure.....	Yes No
Heart Condition.....	Yes No	Heart Surgery.....	Yes No
Joint Replacements.....	Yes No	Are you pregnant.....	Yes No

List and joint replacements: _____

What is the name of your physician _____

Do you have any other major illness or injury not listed above? _____

Please list all medications you are taking: _____

Please list any allergies you have: _____

Have you taken bisphosphonate medications to treat osteoporosis and/or cancer? (Zometia, Aredia, Boniva, Actonel, Fosamax) _____

*Have you ever been told you need to premedicate before dental appointments? Yes No

Are you currently taking any of the following? (check if yes)

High Blood Pressure Meds Sleep Aids Cortisone/steroids Tranquilizers/Sedatives
 Heart Medications Insulin Antibiotics Blood Thinners

I _____, have received and understand the Colchester Dental Group Policy regarding Dental Insurance, in addition I authorize the release of any information related to my dental insurance claim, I authorize payment directly from my insurance company to Colchester Dental Group and I understand that I am responsible for all fees not paid by insurance.

Signature

Date

Acknowledgement of Receipt of Notice of Privacy Practices: (HIPPA)

I _____ have received a copy of this office's Notice of Privacy Practices.

Please Print Name

Signature

Date