Northgate Endodontics

Confidential Medical History

Patients Name______________________________________ Date of Birth: ___________
Name of Physician _____________________ Phone Number ________________________
Date of last visit: _______________________Reason for visit _______________________

Are you currently taking any medication? **YES / NO** Any herbal supplements? **YES / NO**
If **YES** please list:
____
____
____

FEMALE PATIENTS ONLY:
Are you currently on birth control? **YES / NO**
Are you currently pregnant? **YES / NO** If yes, week # _______________________
Are you nursing? **YES / NO**

Has your doctor told you premedication with **ANTIBIOTICS** is required prior to dental treatment due to a **heart condition** or a **joint replacement**. **YES / NO**

Are you allergic to any of the following? Please circle **YES** or **NO**

Penicillin **YES / NO**
Codeine **YES / NO**
Latex **YES / NO**
Aspirin / Ibuprofen **YES / NO**
Other Antibiotics **YES / NO**
Other: ________________________

Have you ever been treated for any infectious disease? **YES / NO**

Please indicate any of the following that pertains to you:

Rheumatic Fever ____________
Pacemaker ________________
Defibrillator_________________
Heart Valve Replacement ______
Asthma_____________________
Seizures____________________
Thyroid Treatment___________
Osteoporosis________________
Anemia ____________________
Arthritis_______________
Hip Replacement_______
Knee Replacement_______
Stroke________________
Hepatitis_______________
Chemotherapy___________
Radiation Therapy________
Sinusitis_______________
Kidney Disease__________
High Blood Pressure_________
Heart Problems_____________
Diabetes___________________
Ulcers ____________________
Blood Transfusion___________
Blood Disease______________
STD______________________
HIV ______________________
AIDS _____________________
Other: ____

____________________________ ____________________________ ___/___/____
Patient/Guardian Signature: **Reviewed by:** **Date:**

1st UPDATE: Any changes? _______________________________**Date:**___________