

Craig Rothfusz, DDS

Medical History

Patient Name _____

Birthdate _____

Today's Date _____

Have you ever been tested for Coronavirus (COVID-19)? Y N

Are you under the care of a physician now? Y N (If yes, _____)

Have you ever been hospitalized or had a major operation? Y N (If yes, _____)

Have you ever had a serious neck or head injury? Y N (If yes, _____)

Are you taking any medication, pills or drugs? Y N (If yes, _____)

Have you taken Phen-Fen or Redux? Y N (If yes, _____)

Have you taken Fosamax, Boniva, Actonel or any bisphosphonate therapy? Y N (If yes, _____)

Are you on any special diet? Y N

Do you use tobacco? Y N

Do you take an antibiotic premedication? Y N

Women: are you...

Pregnant – trying to get pregnant? Y N

Nursing? Y N

Taking oral contraceptives? Y N

Are you allergic to any of the following? (Please circle)

Aspirin

Penicillin

Codeine

Acrylic

Metal

Latex

Sulfa Drugs

Local Anesthetic

Other? _____

Do you use controlled substances? Y N (If yes, _____)

AIDS/HIV+
Alzheimer's disease
Anaphylaxis
Anemia
Angina
Arthritis/Gout
Artificial Heart Valve
Artificial Joint
Asthma
Blood Disease
Blood Transfusion
Breathing Problems
Bruise Easily
Cancer
Chemotherapy
Chest Pains
Cold Sores/Fever
Blisters
Congenital Heart Disorder

Cortisone Medicine
Diabetes
Drug Addiction
Easily Winded
Emphysema
Epilepsy or Seizures
Excessive Bleeding
Excessive Thirst
Fainting Spells/Dizziness
Frequent Cough
Frequent Diarrhea
Frequent Headaches
Genital Herpes
Glaucoma
Hay Fever
Heart Attack/Failure
Heart Murmur
Heart Pacemaker
Heart Trouble/Disease

Hemophilia
Hepatitis A
Hepatitis B or C
Herpes
High Blood Pressure
High Cholesterol
Hives/Rash
Hypoglycemia
Irregular Heartbeat
Kidney Problems
Leukemia
Liver Disease
Low Blood Pressure
Lung Disease
Mitral Valve Prolapse
Osteoporosis
Pain in Jaw Joints
Parathyroid Disease
Psychiatric Care

Radiation Treatments
Recent Weight Loss
Renal Dialysis
Rheumatic Fever
Rheumatism
Scarlet Fever
Shingles
Sickle Cell Disease
Sinus Trouble
Spina Bifida
Stomach/Intestinal Disease
Stroke
Swelling of the Limbs
Thyroid Disease
Tonsillitis
Tuberculosis
Tumors or Growths
Ulcers
Venereal Disease
Yellow Jaundice

Have you had any serious illness not listed? Y N (If yes, _____)

Comments: