Buckeye Endodontics asks for your medical information and medications in attempt to give you the best care possible. You may have to follow up with your pharmacist with questions about interactions with medications you are currently taking.

Patient Medical History (confidential)

Have you had any serious illness, surgical procedures, hospitalization in the past **5** years? Y or N

If YES Please explain:_____

Are you under the care of a physician for a medical condition or a serious illness?

If YES Please explain:_____

Are you currently taking any medications? Please list :_____
If easier, you can provide a list that we can copy

_____

ARE YOU ALLERGIC TO THE FOLLOWING
Circle

LATEX CLINDAMYCIN

NORCO TYENOL #3

ADVIL OR ASPIRIN

List other medications you are allergic to below

Please list

_____

_____

Can You Lay Flat on Your Back? Yes or No
If no, please explain :_____

_____

Do You Have Arthritis? Yes or No

Are You Pregnant or Think You Might Be? YES

Do you have any ongoing dental conditions not related to today's visit? (Lock Jaw, TMJ, Bleeding gums)

Please explain:_____

_____

Have you had or do you have any of the following
CIRCLE ONLY IF THE ANSWER IS YES

PACEMAKER	Yes
Heart Attack	Yes
Heart Murmur	Yes
Heart Surgery	Yes
Coronary artery disease	Yes
Angina (chest pain)	Yes
Palpitations	Yes
High Blood pressure	Yes
MVP-Mitral Valve Prolapse	Yes
Blood Transfusion	Yes
Diabetes	Yes
Kidney Problems	Yes
Epilepsy or Seizures	Yes
Lung Disease	Yes
Lock Jaw or TMJ	Yes
Hepatitis A, B or C	Yes
Tuberculosis	Yes
Aids or HIV	Yes

Do you need an antibiotic pre-medication for your HEART or a JOINT replacement? **YES**

By signing below
I certify that I have answered the questions to the best of my ability.
I allow Dr. Greg Simpson to treat me for my Endodontic/root canal needs.
I understand the importance of honesty on my health history since Dr. Simpson and his staff will rely on this information to treat me.

*SIGNATURE*_____ DATE____/____/____