

**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      TYLENOL #3

ADVIL    OR    ASPIRIN

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

List other medications you are allergic to below

Please list

\_\_\_\_\_  
\_\_\_\_\_

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

Do you have any additional **heart** issues? Please list

\_\_\_\_\_

**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** \_\_\_\_ / \_\_\_\_ / \_\_\_\_