Legal Guardian

Responsible Party

			M. I. B.			Date of Birth		
-	irst		Middle		Last			
Patient Medical	Histor	ry						
Primary Physician:			Phone:			Last Exam Date:		
1) Are you under medical						Duot Exam Duto		
Reason:								
Are you currently taking PLEASE LIST:	any medi	ications,	including non-prescription	n medicine?	Yes	No		
3) Are you taking any bloo								
4) Do you use tobacco?						Do you use recreational	drugs?	Yes 1
5) Are you pregnant or ma						Are you nursing (breast fe	eding?	Yes 1
6) Have you ever been hos		for any s	surgery or illness? Yes	No				
If so, please list reason an	d date:							
7) Have you been diagnos	ed with ar	ny menta	al, physical, or developmen	ntal disorder	rs? Ye	s No		
B) Are you allergic to or ha	ve you ha	d any re	actions to the following:					
	Yes	No		Yes	No		Yes	No
Penicillin			Pain medications			Novocain or local anesthetics		
Other antibiotics			What kind:			Sulfa Drugs		
What kind:			Codeine			Sedatives		
		1	Aspirin			Latex		
9) Do you have or have yo	u had any	of the fo	ollowing:					
	Yes	No		V				
Angina/Chest Pains	103	140	Hepatitis	Yes	No		Yes	No
	+	-	Type: A B C D			AIDS/HIV		-
Cardiac Pacemaker					l .	Anemia		-
Cardiac Pacemaker Heart Attack						Dialda Oall A		
Heart Attack			Jaundice	_		Sickle Cell Anemia		
Heart Attack When:			Jaundice Liver Disease			Arthritis		-
Heart Attack When: Heart Disease			Jaundice Liver Disease Joint Replacement			Arthritis Asthma		
Heart Attack When: Heart Disease Heart Murmur			Jaundice Liver Disease Joint Replacement What:			Arthritis Asthma Emphysema / COPD		
Heart Attack When: Heart Disease Heart Murmur Heart Trouble			Jaundice Liver Disease Joint Replacement What: When:			Arthritis Asthma Emphysema / COPD Respiratory Problems		
Heart Attack When: Heart Disease			Jaundice Liver Disease Joint Replacement What: When: Implant			Arthritis Asthma Emphysema / COPD Respiratory Problems Tuberculosis		
Heart Attack When: Heart Disease Heart Murmur Heart Trouble High Blood Pressure			Jaundice Liver Disease Joint Replacement What: When: Implant Organ Transplant			Arthritis Asthma Emphysema / COPD Respiratory Problems Tuberculosis Diabetes		
Heart Attack When: Heart Disease Heart Murmur Heart Trouble High Blood Pressure Low Blood Pressure			Jaundice Liver Disease Joint Replacement What: When: Implant Organ Transplant Cancer			Arthritis Asthma Emphysema / COPD Respiratory Problems Tuberculosis Diabetes Epilepsy / Convulsions		
Heart Attack When: Heart Disease Heart Murmur Heart Trouble High Blood Pressure Low Blood Pressure Swollen Ankles			Jaundice Liver Disease Joint Replacement What: When: Implant Organ Transplant Cancer Kind:			Arthritis Asthma Emphysema / COPD Respiratory Problems Tuberculosis Diabetes Epilepsy / Convulsions Fainting / Seizures		
Heart Attack When: Heart Disease Heart Murmur Heart Trouble High Blood Pressure Low Blood Pressure Swollen Ankles Rheumatic Fever			Jaundice Liver Disease Joint Replacement What: When: Implant Organ Transplant Cancer Kind: When:			Arthritis Asthma Emphysema / COPD Respiratory Problems Tuberculosis Diabetes Epilepsy / Convulsions Fainting / Seizures Lupus		
Heart Attack When: Heart Disease Heart Murmur Heart Trouble High Blood Pressure Low Blood Pressure Swollen Ankles Rheumatic Fever Stroke When: Stomach Trouble/Ulcers			Jaundice Liver Disease Joint Replacement What: When: Implant Organ Transplant Cancer Kind: When: Leukemia			Arthritis Asthma Emphysema / COPD Respiratory Problems Tuberculosis Diabetes Epilepsy / Convulsions Fainting / Seizures Lupus Glaucoma		
Heart Attack When: Heart Disease Heart Murmur Heart Trouble High Blood Pressure Low Blood Pressure Swollen Ankles Rheumatic Fever Stroke When:			Jaundice Liver Disease Joint Replacement What: When: Implant Organ Transplant Cancer Kind: When: Leukemia Radiation Therapy			Arthritis Asthma Emphysema / COPD Respiratory Problems Tuberculosis Diabetes Epilepsy / Convulsions Fainting / Seizures Lupus Glaucoma Kidney Disease		
Heart Attack When: Heart Disease Heart Murmur Heart Trouble High Blood Pressure Low Blood Pressure Swollen Ankles Rheumatic Fever Stroke When: Stomach Trouble/Ulcers			Jaundice Liver Disease Joint Replacement What: When: Implant Organ Transplant Cancer Kind: When: Leukemia			Arthritis Asthma Emphysema / COPD Respiratory Problems Tuberculosis Diabetes Epilepsy / Convulsions Fainting / Seizures Lupus Glaucoma		
Heart Attack When: Heart Disease Heart Murmur Heart Trouble High Blood Pressure Low Blood Pressure Swollen Ankles Rheumatic Fever Stroke When: Stomach Trouble/Ulcers TMJ / TMD Problems	of Record	s	Jaundice Liver Disease Joint Replacement What: When: Implant Organ Transplant Cancer Kind: When: Leukemia Radiation Therapy Thyroid Problems			Arthritis Asthma Emphysema / COPD Respiratory Problems Tuberculosis Diabetes Epilepsy / Convulsions Fainting / Seizures Lupus Glaucoma Kidney Disease Recent Weight Loss		
Heart Attack When: Heart Disease Heart Murmur Heart Trouble High Blood Pressure Low Blood Pressure Swollen Ankles Rheumatic Fever Stroke When: Stomach Trouble/Ulcers TMJ / TMD Problems Authorization and Release certify that I have read an	d understa	and the	Jaundice Liver Disease Joint Replacement What: When: Implant Organ Transplant Cancer Kind: When: Leukemia Radiation Therapy Thyroid Problems	est of my k	nowlede.	Arthritis Asthma Emphysema / COPD Respiratory Problems Tuberculosis Diabetes Epilepsy / Convulsions Fainting / Seizures Lupus Glaucoma Kidney Disease Recent Weight Loss		
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Heart Attack When: Heart Disease Heart Murmur Heart Trouble High Blood Pressure Low Blood Pressure Swollen Ankles Rheumatic Fever Stroke When: Stomach Trouble/Ulcers TMJ / TMD Problems Authorization and Release certify that I have read an nswered. I understand the	d understa at providi iagnosis a	and the ing income	Jaundice Liver Disease Joint Replacement What: When: Implant Organ Transplant Cancer Kind: When: Leukemia Radiation Therapy Thyroid Problems above information to the breet information can be second of any treatment or	TOPPOSTO	+0 mar -	Arthritis Asthma Emphysema / COPD Respiratory Problems Tuberculosis Diabetes Epilepsy / Convulsions Fainting / Seizures Lupus Glaucoma Kidney Disease Recent Weight Loss		
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ame of Patient				Date of Birth / /				
Fi	st	Middle		Last				
atient Medical	History							
rimary Physician:	•	Phone:			Last Exam Date:			
Are you under medical eason:					Last Exam Date			
Are you currently taking LEASE LIST:	any medication	s, including non-prescription	medicine?	Yes	No			
Are you taking any bloo								
Are you pregnant or ma	be pregnant?	Do you use alcohol? Yes No Due date:			Do you use recreational d Are you nursing (breast fee	-		
so, please list reason an	d date:							
Please descr	be:	ntal, physical, or developmen		rs? Yes	s No			
Are you allergic to or he	1	reactions to the following:						
	Yes No		Yes	No		Yes	No	
Penicillin		Pain medications			Novocain or local anesthetics			
Other antibiotics		What kind:			Sulfa Drugs			
What kind:		Codeine			Sedatives			
		Aspirin			Latex			
Do you have or have yo	had any of the	following:						
	Yes No		Yes	No		Yes	No	
Ingina/Chest Pains		Hepatitis	1	110	AIDS/HIV	103	140	
Cardiac Pacemaker		Type: A B C D			Anemia		\vdash	
leart Attack		Jaundice			Sickle Cell Anemia			
When:		Liver Disease			Arthritis		-	
leart Disease		Joint Replacement			Asthma			
leart Murmur		What:			Emphysema / COPD			
leart Trouble		When:			Respiratory Problems			
ligh Blood Pressure		Implant		-	Tuberculosis			
ow Blood Pressure		Organ Transplant			Diabetes			
wollen Ankles		Cancer			Epilepsy / Convulsions			
Iheumatic Fever		Kind:			Fainting / Seizures			
troke		When:			Lupus			
When:		Leukemia			Glaucoma			
tomach Trouble/Ulcers		Radiation Therapy			Kidney Disease			
MJ / TMD Problems		Thyroid Problems			Recent Weight Loss			
ithorization and Release ertify that I have read an swered. I understand th	d understand the at providing inc agnosis and the	e above information to the becorrect information can be detected of any treatment or e	annorone	to my h	e. The above questions have			
ethorization and Release ertify that I have read an swered. I understand the ormation, including the d	d understand that providing inc agnosis and the yers and/or hea	e above information to the becorrect information can be detected of any treatment or e	langerous examination	to n	mur h	rledge. The above questions have	rledge. The above questions have been a my health. I authorize the dentist to rele indered to me or my child during the perio	