BANDON COASTAL DENTAL
HEALTH HISTORY

Name:_____ Date of Birth:_____

Have you ever taken any of the group of drugs collectively referred to as "Fen-Phen"? These include combinations of lonimin, Adipex, Fastin (brand names of Phentermine), Pondimin (fenfluramine) and Redux (dexfenfluramine).

☐ Yes ☐ No

Have you ever taken Fosamax, Prolia, Boniva or any other biophosphonates? ☐ Yes ☐ No

Place a mark on "Yes or "No" to indicate if you have any of the following:

☐ Yes	☐ No	Arthritis	☐ Yes	☐ No	Headaches	☐ Yes	☐ No	Respiratory Problems
☐ Yes	☐ No	Heart Problems	☐ Yes	☐ No	Tobacco Use	☐ Yes	☐ No	Rheumatic Fever
☐ Yes	☐ No	Heart Murmur	☐ Yes	☐ No	Blood Disorders	☐ Yes	☐ No	Epilepsy
☐ Yes	☐ No	Stroke	☐ Yes	☐ No	Lupus	☐ Yes	☐ No	Alcohol/Drug Abuse
☐ Yes	☐ No	High Blood Pressure	☐ Yes	☐ No	Hepatitis Type____	☐ Yes	☐ No	Sinus Problems
☐ Yes	☐ No	Low Blood Pressure	☐ Yes	☐ No	Herpes	☐ Yes	☐ No	TMJ/Jaw Pain
☐ Yes	☐ No	Kidney Disease	☐ Yes	☐ No	Emphysema	☐ Yes	☐ No	Teeth Grinding
☐ Yes	☐ No	Liver Disease	☐ Yes	☐ No	Endocrine Problems	☐ Yes	☐ No	Transplanted Organs
☐ Yes	☐ No	Thyroid Problems	☐ Yes	☐ No	Ulcer	☐ Yes	☐ No	Tuberculosis
☐ Yes	☐ No	Cancer	☐ Yes	☐ No	Pacemaker	☐ Yes	☐ No	Diabetes
☐ Yes	☐ No	Chemotherapy	☐ Yes	☐ No	HIV	☐ Yes	☐ No	Circulatory Problems
☐ Yes	☐ No	Radiation Treatment	☐ Yes	☐ No	Nervous Problems	☐ Yes	☐ No	Mitral Valve Prolapse
						☐ Yes	☐ No	Multiple Sclerosis

☐ Yes ☐ No Artificial Joints?- If Yes List Joints & Replacement date: _____

WOMEN:

Are you pregnant? Yes ____ No ____ Due Date:_____ Nursing: Yes No

MEDICATIONS

List any medications, vitamins, and/or supplements that you are currently taking:

ALLERGIES

☐ Yes	☐ No	Aspirin	☐ Yes	☐ No	Local Anesthetic	☐ Yes	☐ No	Penicillin
☐ Yes	☐ No	Codeine	☐ Yes	☐ No	Sulfa	☐ Yes	☐ No	Iodine
☐ Yes	☐ No	Latex	☐ Yes	☐ No	Morphine	☐ Yes	☐ No	Other_____

Signature: _____ Date: _____