

Dr. Richard Warner DDS
Medical Health Form

Patient

Name _____ **Phone#** _____

Emergency Contact # _____

PLEASE CHECK YES OR NO

Rheumatic Fever.....Yes ___ No ___	Asthma.....Yes ___ No ___
Mitral Valve Prolapse.....Yes ___ No ___	Respiratory Problems...Yes ___ No ___
Heart Murmur.....Yes ___ No ___	Emphysema.....Yes ___ No ___
Joint Replacement.....Yes ___ No ___	Allergies..... Yes ___ No ___
Stents..... Yes ___ No ___	Convulsions/Fainting.... Yes ___ No ___
Heart Attack..... Yes ___ No ___	Seizures..... Yes ___ No ___
Cardiac Pacemaker.....Yes ___ No ___	EpilepsyYes ___ No ___
High Cholesterol.....Yes ___ No ___	Kidney Disease..... Yes ___ No ___
High Blood Pressure.....Yes ___ No ___	Glaucoma..... Yes ___ No ___
Heart Disease.....Yes ___ No ___	Arthritis..... Yes ___ No ___
Stroke..... Yes ___ No ___	Anemia..... .Yes ___ No ___
Angina.....Yes ___ No ___	Osteoporosis..... Yes ___ No ___
Diabetes..... Yes ___ No ___	Thyroid..... Yes ___ No ___
Hepatitis A, B or C.....Yes ___ No ___	Leukemia..... Yes ___ No ___
Liver Disease.....Yes ___ No ___	Cancer..... Yes ___ No ___
HIV Infection.....Yes ___ No ___	Chemotherapy..... Yes ___ No ___
Tuberculosis..... Yes ___ No ___	Radiation Therapy..... Yes ___ No ___
STD..... Yes ___ No ___	Alzheimers/ Demintia..Yes ___ No ___

Are you taking any medications?

Please list _____

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PLEASE CHECK YES OR NO

Do you smoke? Yes ___ No ___ How much? _____

Do you drink Alcohol? Yes ___ No ___ How Much? _____

Are you under medical treatment now? Yes ___ No ___

Have you taken Phen Fen / Redux? Yes ___ No ___

Are you or have you taken Fosamax or Aredia? Yes ___ No ___

Are you taking vitamins or herbal supplements? Yes ___ No ___

Are you taking aspirin? Yes ___ No ___

Are you taking blood thinner such as coumadin? Yes ___ No ___

Are you pregnant? Yes ___ No ___

Are you nursing? Yes ___ No ___

ARE YOU ALLERGIC TO ANY OF THE FOLLOWING?

Local Anesthetics Yes ___ No ___

Penicillin or any other antibiotic Yes ___ No ___

Sulfa Drugs Yes ___ No ___

Aspirin Yes ___ No ___

Codeine Yes ___ No ___

Latex/Rubber Yes ___ No ___

Metals(nickel, mercury,etc.) Yes ___ No ___

Others please

list _____

Signature _____ **Date** _____