



# Health History

	AIDS/HIV		Epilepsy		Radiation Treatment
	Anemia		Fainting / Dizzy		Respiratory Disease
	Arthritis/Rheumatism		Glaucoma		Rheumatic Fever
	Artificial Heart Valve		Headaches		Scarlet Fever
	Artificial Joints		Heart Murmur		Shortness of Breath
	Asthma		Heart Problems		Sinus Trouble
	Back problems		Hepatitis__		Skin Rash
	Bleeding abnormally with extractions or surgery		Herpes		Special Diet
	Blood disease		High Blood Pressure		Stroke
	Cancer		Jaundice		Swollen Feet or Ankles
	Chemical Dependency		Jaw Pain		Swollen Neck Glands
	Chemotherapy		Kidney Disease		Thyroid Problems
	Circulatory Problems		Liver Disease		Tonsillitis
	Congenital Heart Problems		Low Blood Pressure		Tuberculosis
	Cortisone Treatments		Mitral Valve Prolapse		Tumor / Growth on head or neck
	Cough (persistent / bloody)		Nervous Problems		Ulcer
	Diabetes		Pacemaker		Venereal Disease
	Emphysema		Psychiatric Care		Weight Loss, unexplained

Medications:

List any medications you are currently taking and the correlating diagnosis:

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Are you currently taking blood thinners such as aspirin or Plavix? \_\_\_\_\_

How often do you brush? \_\_\_\_\_

How often do you floss? \_\_\_\_\_