



Yes No Don't Know?

- Are you pregnant? (Women Only)
Nursing? (Women Only)
Taking birth control pills (Women Only)
Have you had an orthopedic total joint (hip, knee, elbow, finger) replacement?
Have you had any complications or difficulties with your prosthetic joint?
Has a physician or previous dentist recommended that you take antibiotics prior to you dental treatment?

NOTE TO PATIENT: A new report (July 1997) prepared and endorsed by the American Dental Association and the American of Orthopaedic Surgeons has recommended that antibiotic prophylaxis before dental treatment is not indicated for most dental patients with artificial orthopedic prosthetic joints.

Please read and mark (x) if you have or had any of the following diseases or problems.

Grid of medical conditions with Yes/No/Don't Know columns. Includes: Abnormal bleeding, AIDS or HIV infection, Anemia, Arthritis, Rheumatoid arthritis, Asthma, Blood transfusion, Cancer/chemotherapy/radiation treatment, Cardiovascular disease, Chest pain upon exertion, Chronic pain, etc.

NOTE: Both doctor and patients are encouraged to discuss any and all relevant patient health issues prior to treatment.

I certify that I have read and understand the above. I acknowledge that my questions, if any, about inquiries set forth above have been answered to my satisfaction.

Signature of Patient / Legal Guardian Date

For completion by dentist

Comments on patient interview concerning health history

Significant findings from questionnaire or oral interview

Dental management considerations

Signature of Dentist Date

Health History Update: On a regular basis the patient should be questioned about any medical history changes, date and comments notated, along with signature.

Table with 3 columns: Date, Comments, Signature of Patient and Dentist