



Welcome to the Dental Office of David J. Weiner, D.M.D., P.A.

Medical History Form

Date_____

Patient's name _____

Physician _____ Date of Last Visit _____

Physician's Address _____ Phone _____

Please circle Yes or No (If Yes, please explain.)

Yes	No	Are you taking any medication? _____
Yes	No	Are you allergic to any medication? _____
Yes	No	Do you have a history of a major illness? _____
Yes	No	Have you had any operations? _____
Yes	No	Have you been hospitalized for any reason during the past two years? _____
Yes	No	Have you ever been involved in a serious accident? _____
Yes	No	Have seen a physician in the last 12 months? Why? _____
Female Patients only:		
Yes	No	Are you pregnant? (If yes, how many weeks?) _____
Yes	No	Date of last menstruation _____
Yes	No	When you walk up a flight of stairs or take a walk, do you have to stop because of pain in your chest, shortness or breath, or because you are tired? _____
Yes	No	Do your ankles swell during the day? _____
Yes	No	Do you use more than two pillows to sleep? _____
Yes	No	Have you gained or lost more than 10 pounds in the past year? _____
Yes	No	Do you even wake up with shortness of breath? _____
Yes	No	Are you on a special diet? _____

Circle any of the medical conditions below that you have had or currently have. Please explain in the space below.

Abnormal Bleeding	Disease	Hemophilia	Sinus Problems
AIDS or HIV Positive	Diabetes	Hepatitis A, B or C	TMJ
Anemia	Dizziness	Herpes	Thyroid Disease
Angina Pectoris	Epilepsy	Kidney problems	Tuberculosis
Artificial Joints	Gastrointestinal Issues	LATEX or Kiwi Fruit	Tumor
Arthritis	High Blood Pressure	Allergy	Other (Please
Asthma or Hayfever	Heart Disease or Attack	Liver Problems	Describe) _____
Bone Disorders	Heart Failure	Nervous Disorders	_____
Cancer	Heart Murmur	Pneumonia	_____
Cold Sores or Fever	Heart Pacemaker	Prolonged Bleeding	_____
Blisters	Mitral Valve Prolapse	Radiation/Chemotherapy	_____
Congenital Heart	Artificial Heart Valve(s)	Rheumatic Fever	_____

Are there any medical conditions we have not discussed that you feel we should be aware of? _____

I certify this information to be true and correct to the best of my knowledge.

Signature: _____

Updated (date & initial) _____