

Infinity Dental
 8940 W. Tropicana Ave
 Las Vegas, NV. 89147
 702-248-4448

Medical Health Questionnaire

Patient Name: _____ **Birth Date:** _____ **Chart #** _____

Current Address: _____ **Zip:** _____ **Phone #** _____

Emergency Contact: _____ **Number:** _____

Pharmacy Name and Phone Number/Location: _____

Height _____ **Weight** _____

- | | | |
|--|-----|----|
| 1. Are you in good health? | Yes | No |
| 2. Your last physical was on _____ (date) | | |
| 3. Are you now under the care of a physician? | Yes | No |
| A. If so, what is the condition being treated? _____ | | |
| 4. Name and telephone number of physician _____ | | |
| 5. Have you had any serious illness, operation or been hospitalized? | Yes | No |
| A. If yes, what was the problem and when? _____ | | |
| 6. Do you drink alcoholic beverages? | Yes | No |
| 7. Have you used any recreational drugs in the last six months? | Yes | No |
| 8. History of drug abuse? | Yes | No |
| 9. History alcohol abuse? | Yes | No |

10. HAVE YOU HAD OR DO YOU CURRENTLY HAVE ANY OF THE FOLLOWING CONDITIONS:

	Yes	No		Yes	No
<u>Heart Condition</u>			<u>Immunosupressed/Blood Disease</u>		
High Blood Pressure	___	___	HIV Positive	___	___
Low Blood Pressure	___	___	Aids	___	___
Angina/Chest Pain	___	___	Sexually Transmitted Disease	___	___
Fainting	___	___	Delay in Healing	___	___
Irregular Heart Beat	___	___	<u>Organ Condition/Disease</u>		
Heart Attack	___	___	Pancreas/Diabetes	___	___
Heart Bypass	___	___	Kidney/Dialysis	___	___
Heart Pacemaker	___	___	Eyes/Glaucoma	___	___
Stroke	___	___	Thyroid	___	___
Rheumatic Fever/ Heart Valve Damage	___	___	Neurologic/Epilepsy	___	___
Anemia	___	___	<u>Cancer</u>		
<u>Liver Disease</u>			Location _____		
Hepatitis-circle one A B C	___	___	Surgery	___	___
<u>Breathing/Lung Condition</u>			Radiation Treatment	___	___
Asthma	___	___	Chemo Therapy	___	___
Allergies/Hay Fever	___	___	<u>Joint Condition</u>		
Emphysema	___	___	Clicking/Pain in jaw joints when eating	___	___
Breathing Difficulties	___	___	Arthritis	___	___
Snoring/Sleep Apnea	___	___	Artificial Knee Replacement	___	___
Tuberculosis	___	___	Artificial Hip Replacement	___	___

