BROOKS
FAMILY DENTAL

Medical History:

Name: _____

Have you had any of the following medical conditions? Please check all that apply:

☐ AIDS/HIV	☐ Diabetes	☐ Glaucoma	☐ Kidney/Liver Disease	☐ Rheumatic Fever
☐ Anemia	☐ Dizziness	☐ Head Injuries	☐ Mental/Nervous Disorder	☐ Sinus Problems
☐ Artificial Joints	☐ Epilepsy	☐ Heart Disease	☐ Osteoporosis	☐ Stroke
☐ Asthma	☐ Excessive Bleeding	☐ Hepatitis A B C	☐ Pacemaker	☐ Tuberculosis
☐ Cancer	☐ Fainting	☐ High Blood Pressure	☐ Radiation Treatment	☐ Ulcers

Are you a Tobacco User? YES NO If yes, Type: Oral Smoke Other (please list): _____

Do you require pre-medication for any artificial joint or heart valve?: ☐ YES ☐ NO

If you have an artificial joint, please list: _____

Have you been admitted to a hospital or needed emergency care during the past 2 years?

☐ YES ☐ NO Clarify: _____

Are you now under the care of a physician due to any medical emergencies?

☐ YES ☐ NO Physician Information: _____

Are you taking any of the following medications?

☐ Aspirin	☐ Blood Thinners	☐ Muscle Relaxers	☐ Steroids	☐ Tranquilizers
☐ Bisphosphonates	☐ Insulin	☐ Pain Medication	☐ Stimulants	

Please list ALL medications:

_____

_____

Are you allergic any of the following medications?

☐ Aspirin ☐ Codeine ☐ Latex ☐ Penicillin/Amoxicillin ☐ Sulfa ☐ Others? Please list: _____

FOR WOMEN:

Are you Pregnant? ☐ YES ☐ NO Are you taking Birth Control? ☐ YES ☐ NO

Due Date: _____

Please list any Dental Health changes:

_____

_____

To the best of my knowledge, all of the preceding answers and information provided are true and correct. If I ever have a change in my health, I will inform the doctors at the next appointment.

Signature:_____ Date:_____

Benjamin R. Brooks, DDS Benita K. Brooks, DDS
548 W. Plumb Ln Ste A Reno, NV 89509
P: 775-329-9534 F: 775-329-6751