Holly Tree Dental
Robin Feltoon
171 Rockland Street
Hanover MA 02339
(781)826-8331

HEALTH HISTORY

Patient Name:* _____ * _____ _____ _____
Last First MI Preferred Name

Medical Alerts-Check if you have had any of the following:

- ☐ *PREMED-Amox
- ☐ *PREMED-Other
- ☐ ALLERGIES-See List
- ☐ Anemia
- ☐ Anxiety
- ☐ Arthritis
- ☐ Artificial Joints
- ☐ Asthma
- ☐ Autoimmune Disorder
- ☐ Back Problems
- ☐ Bleeding Abnormality
- ☐ Blood Disease
- ☐ Cancer/Tumors
- ☐ Chemotherapy
- ☐ Circulatory Problems
- ☐ Congen Heart Lesions
- ☐ Cortisone Treatments
- ☐ Diabetes
- ☐ DO NOT RECLINE
- ☐ Dry Mouth/Xerostomia
- ☐ Emphysema
- ☐ Epilepsy
- ☐ Fainting/Dizziness
- ☐ Glaucoma
- ☐ Head/Neck Pain
- ☐ Hearing Impaired
- ☐ Heart Murmur
- ☐ Heart MVP
- ☐ Heart Problems
- ☐ Heart Valves
- ☐ Hepatitis
- ☐ Herpes
- ☐ High Blood Pressure
- ☐ HIV/AIDS/ARC
- ☐ Jaundice
- ☐ Jaw Pain
- ☐ Kidney Disease
- ☐ Liver Disease
- ☐ Low Blood Pressure
- ☐ MEDS-See List
- ☐ Osteoporosis
- ☐ Pacemaker
- ☐ Psychiatric Care
- ☐ Radiation Tx
- ☐ Respiratory Problems
- ☐ Rheumatic Fever
- ☐ Scarlet Fever
- ☐ Sinus Problems
- ☐ Skin Problems
- ☐ STDs
- ☐ Stomach Problems
- ☐ Stroke
- ☐ Swelling Feet/Ankles
- ☐ Swollen Neck Glands
- ☐ TB
- ☐ Thyroid Problems
- ☐ Tobacco Use
- ☐ Tonsillitis
- ☐ Ulcers
- ☐ Weight Loss
- ☐ z OTHER NOT LISTED

Please clarify or list any other Medical Conditions/Surgeries/Major Illnesses/Hospitalizations/etc.

*

Current Medications/Supplements

MEDICATION REASON/DIAGNOSIS

*

Allergies

*

Premed required

* ◯ NO ◯ YES ◯ UNSURE

Premed notes (reason for premed, medication, medical clearance, etc.)

*

Primary Care Physician Name, Address, Phone Number

*

Date of last visit with Primary Care Physician

*

Have you ever taken or been treated with Bisphosphonates, such as Reclast, Fosamax, Boniva, Zometa, Actonel, etc., commonly prescribed to treat osteoporosis?

* ◯ Yes ◯ No

Women- Please check if any of the following apply:

☐ Currently pregnant ☐ Nursing ☐ Taking birth control pills

Response Date: