



BLACK DIAMOND DENTISTRY

Patient Name: _____

Date of Birth: _____

Medications:

Other Health Notes:

Dates Updated:

Health Conditions:

(Circle all that Apply)

Asthma / Allergy

Asthma Use Inhaler

Hay Fever Allergies

Allergic Reactions

Penicillin Tetracycline Erythromycin

Sulfa Drugs Codeine Dental Anesth.

Aspirin Ibuprofen Tylenol

Latex Reaction to Metals

Barbiturate, Sedatives or Sleeping Pills

Blood Problems

Blood Disease Easy Bruising Excessive Bleeding

High Blood Press. Hemophilia Prev. Blood Transfusion

Low Blood Press. Anemia

Heart Problems

Angina/Chest pain Artificial Heart valve Blood Pressure

Heart Surgery Congenital Heart Defect Pacemaker

Heart Murmur Mitral Valve Prolapse Heart Disease

Stroke Heart Attack Shortness of Breath

Heart Valve Problem Rheumatic Fever Taking Heart Meds

Miscellaneous Health Conditions

Acid Reflux Drug/ Alcohol Abuse Frequent Mouth Sores

Nervous Disorders Swollen Glands Breathing Difficulty

Dry Mouth Glaucoma Persistent Cough Tuberculosis

Cancer Radiation Treatment Emphysema Growths

Tumors Colitis Epilepsy Hospitalized Respiratory Problems

Tobacco use Ulcers Dizziness Fainting Kidney Problems

Shingles Diabetes Frequent Headache Mental Disorder

Sinus Problems Other _____

Liver Disease

Hepatitis Jaundice Liver Disorder

STD

Aids HIV Herpes/Other

Thyroid

Thyroid Problems Hyperthyroid/Hypothyroid

Joint or Bone Problems

Artificial Joint Rheumatism Arthritis

Patient Signature: _____ Date: _____