

Frankie Sulaiman, DDS, MS

MEDICAL HISTORY YEARLY UPDATE

(Mr) (Ms) (Mrs) _____ Date _____

Address _____ City,State,Zip _____

Residence Phone _____ Business _____ Cell _____

Dental Ins Co _____ Policy Number _____

SSN# for Insurance _____ Employed by _____

Spouse Name _____

Dental Ins Co _____ Policy Number _____

SSN# for Insurance _____ Employed by _____

Medical Health History

Birthdate _____ Age _____ General Health (circle) Excellent Good Fair

Last physical date/year _____ Name of physician _____

Please list the medications you are taking, including any vitamins _____

Please place an (x) for each condition:

	Yes	No		Yes	No
Abnormal Bleeding	___	___	Heart Disease	___	___
HIV/Aids	___	___	Valve replacement	___	___
Diabetes	___	___	Heart murmur	___	___
Allergies to anesthetics	___	___	Hepatitis	___	___
Allergies to latex gloves	___	___	Herpes	___	___
Allergies to penicillin	___	___	High/Low BP	___	___
Anemia	___	___	Hip replacement	___	___
Asthma /Hay fever	___	___	TB/Lung disease	___	___
Ulcers	___	___	Do you drink alcohol		
Do you smoke?	___	___	...on a daily basis?	___	___

Does another Dentist/Hygienist clean your teeth? If so, whom? _____

Do you require pre-medication (antibiotics) prior to any dental work? Yes _____ No (please initial) _____

Other physical conditions not listed _____

Signature _____ Date _____