

Michael Schroer, DDS

Medical History

Name _____ Date of Birth _____ Today's Date _____

Name of General Dentist _____ Phone _____

Name of Physician _____ Phone _____

Have you seen a physician for a medical condition in the last 6 months? _____ If so, when and why? _____

Have you had an operation, illness or been hospitalized in the last five years? _____ If so, when and why? _____

Have you ever had oral or I.V. bisphosphonate therapy (Actonel, Boniva, Fosamax, Skelid, Didronel, Aredia, Zometa, Bonfos, Prolia, etc.)? _____ If so, when and for how long was this treatment? _____

Have you ever been instructed to premedicate with antibiotics prior to dental treatment for any condition such as a heart murmur, artificial joints, Rheumatic Fever, Etc.? _____

Please list all prescription and over the counter medications you are taking:

Cardio Vascular

- High Blood Pressure
- Heart Attack
- Angina/Chest Pain
- Damaged Heart Valves
- Heart Murmur
- Mitral Valve Prolapse
- Rheumatic Fever
- Congenital Heart Defect
- Irregular Heart Beat
- Pacemaker
- Heart Surgery
- Other _____

Skin/ Musculoskeletal

- Arthritis
- Back or Neck Problem
- Artificial Joint, if so when and what joint _____

Nerves/Sensory

- Epilepsy/Seizures
- Fainting/Dizziness
- Nervousness
- Numbness/Tingling

Respiratory

- Bronchitis/Chronic Cough
- Sinus Problems
- Tuberculosis(TB)
- Asthma

Endocrine

- Diabetes
- Thyroid Disease

Hematologic

- Anemia
- Prolonged Bleeding
- Take Blood Thinners
- HIV/AIDS Positive
- Stroke

Gastrointestinal

- Gastric Reflux
- Gastric Bypass Surgery
- Stomach Ulcers
- Liver Disease
- Hepatitis

Urinary

- Kidney Problems
- Other Conditions**
- Mental Health Issues
- Eye Disease/Tumors
- Alcohol Abuse
- Drug Abuse
- Excessive Snoring
- Cortisone Treatment
- Cancer/Tumors
- Radiation/Chemotherapy
- Tobacco Use

Allergies

- Aspirin
- Codeine
- Dental Anesthetics
- Erythromycin
- Latex
- Penicillin
- Tetracycline
- Other _____

Please list any other medical conditions or concerns not mentioned above that the Dr. should be aware of

Signature _____

Date _____