

Dental Remedies

135 Jenkins St. Ste. 105A

St. Augustine, FL 32086

Medical History Continued

- Ever been Hospitalized (illness or injury)
- Subject to frequent Headaches
- Female: Taking birth control pills
- Presently being treated for any other illnesses
- Tobacco/ Alcohol use
- Female Pregnant

If any condition or alerts selected above need further clarification, please describe below:

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Have you had an orthopedic total joint replacement (hip,knee,elbow,finger) if so, please describe below. Please include any complications from procedure.

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Do you take antibiotic premedication for your dental visits? If yes, please explain.

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What is your estimate of your general health?

- Excellent
- Good
- Fair
- Poor

List all medications ( prescription and non-prescription) including regular doses of aspirin:

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- By initialing this circle , I acknowledge that I have reviewed all questions/ alerts on this questionnaire and responded accordingly. There are no other medical conditions or medications/allergies that have not been listed. I am aware that I must notify the practice of any future changes