Magnolia Dental Company	Patient Information Update

Patients Name: ______________________ DOB:__________

Address ______________________ City__________ State______ Zip______

Home#______________ Cell______________ Work______________

Email______________ Emergency Contact______________

Preferred Pharmacy:______________ Pharmacy Phone#______________

Medical Health History

Do you or have you had any of the following?

- o Cancer or tumor
- o Heart Complications
- o Rheumatic fever
- o Artificial joint or valve
- o High blood Pressure
- o Low blood Pressure
- o Pacemaker
- o Tuberculosis
- o Lung disease
- o Kidney disease
- o Hepatitis
- o Liver disease
- o Alcoholism
- o Blood transfusion
- o Diabetes
- o Neurological condition
- o Epilepsy, seizures, or fainting spells
- o Psychological condition
- o Aids or HIV Positive
- o Herpes/cold sores
- o Migraine or frequent headaches
- o Anemia or blood disorders
- o Blood clotting disorders
- o Hay fever or sinus problems
- o Allergies or hives
- o Asthma

Please list current medications:__________

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Are you allergic or reacted adversely to:

- o Penicillin or other antibiotics
- o Local anesthetics (“Novocain")
- o Codeine or other narcotics
- o Sulfa drugs
- o Barbiturates, sedatives, or sleeping pills
- o Aspirin
- o Ibuprofen
- o Latex
- o Other______________

Are you taking any of the following?

- o Aspirin
- o Anticoagulants (blood thinners)
- o Antibiotics or sulfa drugs
- o High blood pressure medication
- o Antidepressants or tranquilizers
- o Insulin or other diabetes medication
- o Nitroglycerin
- o Cortisone or other steroids
- o Osteoporosis (bone density) medication
- o Other:______________

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Women:

- o May be pregnant
- o Expected delivery date: __________
- o Taking hormones or contraceptives

Patient Signature: ______________

Date:______________