



MEDICAL HISTORY

Patient Name: Last First MI Preferred Name

Name of physician/and their specialty

Most recent physical examination & purpose

What is your estimate of your general health?
 Excellant Good Fair Poor

Have you ever had the following:

Please check any that apply:

- 1. Hospitalization for illness or injury
- 2. Any Allergies
- 3. Heart problems or cardiac stents
- 4. History of infective endocarditis
- 5. Artificial heart valve, repaired heart defect (PFO)
- 6. Pacemaker or implantable defibrillator
- 7. Artificial prosthesis (heart valve or joints)
- 8. Rheumatic or Scarlet fever
- 9. High or low pressure
- 10. Stroke
- 11. Anemia or other blood disorder
- 12. Prolonged bleeding due to slight cut (INR >3.5)
- 13. Emphysema, Sarcoidosis

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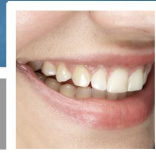
Suite 201

San Antonio TX 78217

(210)590-7878

info@drshelton.com

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- 14. Tuberculosis
- 15. Asthma
- 16. Breathing or sleep problems (i.e. snoring, sinus)
- 17. Kidney disease
- 18. Liver disease
- 19. Jaundice
- 20. Thyroid or parathyroid disease
- 21. Hormone deficiency
- 22. High cholesterol or taking statin drugs
- 23. Diabetes
- 24. Stomach or duodenal ulcer
- 25. Digestive disorders (i.e. gastric reflux)
- 26. Osteoporosis/Osteopenia (i.e. taking bisphosphonates)
- 27. Arthritis
- 28. Glaucoma
- 29. Contact lenses
- 30. Head or neck injuries
- 31. Epilepsy, convulsions (seizures)
- 32. Neurologic problems (Attention deficit disorder)
- 33. Viral infections and cold sores
- 34. Any lumps or swelling in the mouth
- 35. Hives, skin rash, hay fever
- 36. Venereal disease
- 37. Hepatitis
- 38. HIV/AIDS
- 39. Tumor, abnormal growth

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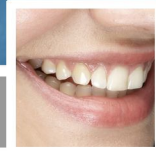
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- 40. Radiation therapy
- 41. Chemotherapy
- 42. Emotional problems
- 43. Psychiatric treatment
- 44. Antidepressant medication
- 45. Alcohol/drug dependency

ARE YOU:

Please check any that apply:

- 46. Presently being treated for any other illness
- 47. Aware of a change in your general health
- 48. Taking medication for weight management (i.e. fen-phen)
- 49. taking dietary supplements
- 50. Often exhausted or fatigued
- 51. Subject to frequent headaches
- 52. A smoker or smoked previously
- 53. Considered a touchy person
- 54. Often unhappy or depressed
- 55. FEMALE - taking birth control pills
- 56. FEMALE - pregnant
- 57. MALE - Prostate disorders

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Please list any allergies:

Please list all medications, supplements, and or vitamins taken within the last two years

FOR OFFICE USE ONLY:

Explanation of any marked responses/List of medications here:

Response Date: