DENTISTRY
AT MILLENNIUM PARK™

(312) 750-9000
www.datmp.com

Medical Information

Are you taking any of the following medications?

☐ Nerve Pills ☐ Pain Pills ☐ Insulin ☐ Fosamax/Osteoporosis Medication
☐ Muscle Relaxers ☐ Stimulants ☐ Blood Thiners ☐ Tranquilizers ☐ Cholesterol Medication
☐ Please Neatly List Medications/Herbal Supplements: _____
_____

Do you have or have you had or been diagnosed with any of the following?
Y= yes Unchecked is considered a "NO"

Y Heart Attack/Stroke
Y Heart Surgery/Pacemaker
Y Heart Murmur
Y Rheumatic Fever
Y Mitral Valve Prolapse
Y Artificial Valves
Y Heart Disease
Y Congenital Heart Defect
Y Chest Pains
Y Scarlet Fever
Y Nervousness
Y Back Problems

Y Thyroid Problems
Y Kidney Problems
Y Liver Problems
Y Respiratory Problems
Y Sinus Problems
Y Stomach Problems/Ulcer
Y Psychiatric Problems
Y Venereal Disease
Y Alcohol/Drug Abuse
Y Tuberculosis TB
Y Jaw Problems TMJ/TMD
Y Eating Disorder : ☐ Anorexia ☐ Bulimia

Y Cosmetic Surgery
Y Shingles
Y Hepatitis – Type: ____
Y HIV +/ARC
Y Arthritis/Rheumatism
Y Artificial Bone/Joint
Y Emphysema
Y Fainting/Seizures/Epilepsy
Y Glaucoma
Y Frequent Neck Pain
Y Severe/Frequent Pain

Y Cancer/Tumors
Y X-ray or Cobalt Treatment
Y Chemotherapy
Y Asthma
Y Difficult Breathing
Y Diabetes/Hypoglycemia
Y Leukemia
Y Anemia
Y High/Low Blood Pressure
Y Bleeding Problems
Y Acid Reflux

Please describe any treatment listed above and also list any other surgeries or medical conditions:

Are you allergic to any of the following:

☐ Latex ☐ Penicillin/Amoxicillin ☐ Aspirin ☐ Dental Anesthetics ☐ Mercury
Other:
_____

Do you use Tobacco/Vape? ☐ No ☐ Yes List Type and Frequency of Use: _____
Please rate your general health from 1-10: _____
Do you wear contact lenses? ☐ No ☐ Yes
Have you ever taken the drug Fen-Phen and/or Redux? ☐ No ☐ Yes (We need M.D. Evaluation for Antibiotic Pre-med)

For Women:
Are you taking birth control pills? ☐ No ☐ Yes
Are you pregnant? ☐ No ☐ Yes How far along? _____
Are you nursing? ☐ No ☐ Yes