



Tony T. Athans D.D.S.

MODERN DENTAL INNOVATIONS

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MEDICAL INFORMATION HISTORY

CIRCLE THE APPROPRIATE ANSWER. YOUR ANSWERS WILL BE CONFIDENTIAL.

- Yes No Are you taking any blood thinners? If yes, what? _____
- Yes No Are you taking any medication, drugs or pills? If yes, what? _____
- Yes No Are you presently in good health?
- Yes No Have you been under a physician's care in the last 2 years?
Last Medical Exam _____ Name of Physician _____

ARE YOU ALLERGIC TO OR TOLD NOT TO TAKE:

- Yes No Penicillin
- Yes No Codeine
- Yes No Others (Please Specify) _____

HAVE YOU EVER BEEN TREATED FOR OR DO YOU HAVE:

- | | | | | | |
|-----|----|--|-------------------|----|---------------------------------|
| Yes | No | Heart disease | Yes | No | Tuberculosis or lung disease |
| Yes | No | Rheumatic fever | Yes | No | Asthma or hay fever |
| Yes | No | High blood pressure | Yes | No | Allergies (including jewelry) |
| Yes | No | Shortness of breath | Yes | No | Persistent cough |
| Yes | No | Pain, pressure in chest | Yes | No | Epilepsy |
| Yes | No | Anemia | Yes | No | Fainting spells |
| Yes | No | Excessive bleeding | Yes | No | Sinus trouble |
| Yes | No | Heart murmur | Yes | No | Nervous problems |
| Yes | No | Mitral Valve Prolapse | Yes | No | Cancer |
| Yes | No | Artificial heart valves | Yes | No | Arthritis |
| Yes | No | Stroke | Yes | No | Diabetes |
| Yes | No | Jaundice | Yes | No | Ear problems |
| Yes | No | Hepatitis | Yes | No | Recent Surgery |
| Yes | No | Glaucoma | | | If yes, what? _____ |
| Yes | No | Ulcers | FOR WOMEN: | | |
| Yes | No | A.I.D.S. | Yes | No | Are you pregnant? |
| Yes | No | Herpes | | | Due date? _____ |
| Yes | No | Prosthetic Joints (i.e. knee, hip etc.) | Yes | No | Are you on birth control pills? |
| Yes | No | Do you have any other condition/disease that we should know about? | | | |
| Yes | No | May we contact your physician regarding your medical history? | | | |

I understand the above information is necessary to provide me with dental care in a safe and efficient manner. I have answered all questions truthfully and to the best of my knowledge.

Patient Signature

Date