city dental CENTER
Everything to smile about.
Implants • Cosmetic • Sedation
General Dentistry

Dr. Lion Berzin
Dr. Sydney Goldfarb
Dr. Andrew Heinola

MEDICAL HISTORY

Please check any of the following that apply to you:

- ☐ AIDS/HIV Positive
- ☐ Anemia
- ☐ Arthritis
- ☐ Artificial Heart Valve
- ☐ Artificial Joints
- ☐ Asthma
- ☐ Blood Disease
- ☐ Cancer
- ☐ Diabetes
- ☐ Dizziness/Fainting
- ☐ Drug Addiction
- ☐ Emphysema
- ☐ Excessive Bleeding/ Bruising
- ☐ Fibromyalgia
- ☐ Glaucoma
- ☐ Gout
- ☐ Heart Conditions
- ☐ Blood Pressure_____
- ☐ Heart Lesions (Congenital)
- ☐ Heart Murmur
- ☐ Heart Surgery
- ☐ Hepatitis A/B/C
- ☐ High/Low Blood Pressure
- ☐ Jaundice
- ☐ Kidney Disease
- ☐ Liver Disease
- ☐ Lupus
- ☐ Mitral Valve Prolapse
- ☐ Nervous Disorders
- ☐ Neuralgia
- ☐ Pacemaker
- ☐ Osteoporosis
- ☐ Pregnant/Nursing
- ☐ Radiation/Chemotherapy
- ☐ Respiratory Problems
- ☐ Rheumatic Fever
- ☐ Rheumatism
- ☐ Scarlet Fever
- ☐ Seizures
- ☐ Stomach Problems
- ☐ Stroke
- ☐ Thyroid Disease
- ☐ Tuberculosis
- ☐ Ulcers
- ☐ Venereal Diseases
- ☐ Others

Do you have any allergies? If yes, please list:

_____

Do you smoke or use tobacco products? _____

Have you ever been hospitalized? If yes, please provide the reason:

_____

Are you under a physician's care? Yes ☐ No ☐ What for? _____

Are you taking any medications? What?_____

Family Physician _____Phone _____

NAME OF THE PATIENT: _____ DATE: _____

PATIENT'S SIGNATURE: _____DENTIST'S SIGNATURE: _____

FUTURE UPDATES

Are there any changes in your medical history?
Yes ☐ No ☐
If yes, what changes?

_____

Date: _____Signature: _____

Dentist's Signature _____

Are there any changes in your medical history?
Yes ☐ No ☐
If yes, what changes?

_____

Date: _____Signature: _____

Dentist's Signature _____

Are there any changes in your medical history?
Yes ☐ No ☐
If yes, what changes?

_____

Date: _____Signature: _____

Dentist's Signature _____

Are there any changes in your medical history?
Yes ☐ No ☐
If yes, what changes?

_____

Date: _____Signature: _____

Dentist's Signature _____