



Sauk Trail Dental Care, LLC
4343 Sauk Trail
Richton Park, IL 60471
Email: Info@sauktraildentalcare.com
Website: www.sauktraildentalcare.com
Phone: 708-608-3368

Health History

Are You Currently Under Care of a Physician? Yes No

Where Do You Go For Medical Care? _____

Most Recent Visit? _____ Height? _____ Weight? _____

Do you use Tobacco in any form? Yes No How many years have you used? _____

Allergies

Do You Have any Allergies or "Bad Reactions" to the Following?

Penicillin Yes No

Clindamycin Yes No

Erythromycin Yes No

Latex Yes

No Metals Yes No

Other Yes No If yes, describe details of your reaction: _____

Conditions

Do You Currently Have Any of the Following?

Alzheimer's Yes No

Angina Pectoris Yes No

Anemia Yes No

Arthritis Yes No

Anxiety Yes No

Artificial Heart Valve Yes No

Asthma Yes No

Acid Reflux Yes No

Cancer Yes No

Chest Pain Yes No

Heart Defects Yes No

Diabetes Yes No

Dialysis Yes No

Difficulty Breathing Yes No

Difficult Seeing Yes No

Difficulty Hearing Yes No

High Blood Pressure Yes No

Joint Replacement History Yes No

Kidney Problems Yes No

Liver Problems Yes No

Osteoporosis Yes No

Pacemaker Yes No

Tuberculosis Yes No

Ulcers Yes No Explain

Depression Yes No

Drug Abuse History Yes No

Emphysema Yes No

Epilepsy Yes No

Endocarditis History Yes No

Glaucoma Yes No

HIV/AIDS Yes No

Heart Attack History Yes No

Heart Surgery History Yes No

Hemophilia Yes No

Hepatitis A, B, or C Yes No

Psychiatric Conditions Yes No

Pregnant/Nursing Yes No

Active STD or STI Yes No

Sinus Problems Yes No

Stroke History Yes No

Thyroid Problems Yes No

Details: _____

Medications

Please List the Medications you Regularly Take:

Have You Ever Taken any Bisphosphonate drugs, such as Fosamax or Zoledronate? Yes
No Anything Else You Would Like us to Know Regarding Your Health Status?

Thank You!

Patient Signature/ Date

Doctor's Signature /Date
