

# Myrtle Beach Dental Associates

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**Please answer the following questions**

Have you ever had:	Yes	No		Yes	No
Rheumatic Fever			Ulcers		
Heart Murmur			Hemophilia		
Congenital Heart Defects			Psychiatric Disorders		
High Blood Pressure			Fainting Spells		
Low Blood Pressure			Anemia		
Mitral Valve Prolapse (MVP)			Yellow Jaundice		
Epilepsy			Kidney or Bladder Disease		
Diabetes			Excessive Urination		
Asthma; Do you carry an inhaler?			Hepatitis; Type		
Arthritis			Stroke		
Hay Fever			Glaucoma		
Tuberculosis			Nervous Disorder		
Other Lung Disease			Sinus Trouble		
A.I.D.S			Sickle Cell Anemia		
HIV Positive			Bone Density Medication? (ie: Fosamax, Boniva)		
Have you been on cortisone or steroid therapy?			Do you have an artificial joint or replacement?		
Have you been hospitalized in the last 5 years?			Prolonged Bleeding following extractions?		
Are you Pregnant?; _____ months			Addictions?		
Radiation/Chemotherapy?			Use tobacco; cigarettes, cigars, pipes, dip?		
Are you taking any Medications? List below and the reason why you are taking them.			Are you allergic to any Medications? Do you have any allergies? Please list below:		

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_