

Myrtle Beach Dental Associates

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Please answer the following questions

Have you ever had:	Yes	No		Yes	No
Heart Attack			Ulcers		
Heart Murmur			Hemophilia		
Congenital Heart Defects			Anxiety/Depression		
Chest Pains			Fainting Spells		
Bypass Surgery or Cardiac Stents			Anemia		
High Blood Pressure			Epilepsy or Seizures		
Low Blood Pressure			Kidney or Bladder Disease		
Artificial Heart Valve			Cancer		
Asthma; Do you carry an inhaler?			Radiation/Chemotherapy?		
Arthritis			Stroke		
Seasonal Allergies			Glaucoma		
Tuberculosis			GI Disorders		
COPD/Emphysema			Sinus Trouble		
Hepatitis; Type			Sickle Cell Anemia		
HIV Positive/AIDS			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?		
Diabetes; Circle: Type 1 or Type 2 Date of last High Blood Sugar Attack:			Use tobacco; cigarettes, cigars, pipes, dip, vape? How much/How long?:		
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 them below:		

Any other conditions not listed above: _____

Print Name: _____ Signature: _____

Date: _____