Holton Family Dentistry

Patient name_____ Height _____ Weight _____

Name and phone # of physician _____

List all medications you are currently taking

_____

Due to a medical condition, have you ever been told to take antibiotics prior to dental treatment?
If so please indicate for what condition you pre-medicate _____

Please circle any illnesses you have or have had:

Anemia	Heart Defect	Respiratory Infections	Tuberculosis
Asthma	Heart Attack	Artificial joint	Thyroid Condition
Epilepsy	Cancer	Blood Disorder	Venereal Disease
Diabetes	Kidney Disease	Liver Disease	High Blood Pressure
HIV/AIDS	Rheumatic Fever	Hepatitis	Other _____

Are you allergic or sensitive to any of the following?

Codeine Penicillin Sulfa Drugs Lidocaine Latex Other _____

Please indicate any other information that we should know about your health._____

_____

I understand that by signing this form I am giving consent for treatment by East Topeka Dental Associates.

Signature of patient or representative and date