

Henry M. Wright, Jr.
DDS, PA
Practice Limited to Endodontics

Health History

Please check the box beside any of the medical conditions you have experienced.

ALCOHOL/DRUG ABUSE

ANEMIA

ANGINA

ARTHRITIS

ARTIFICIAL JOINTS

ASTHMA

BLEEDING DISORDERS

CANCER or TUMOR

CARDIOVASCULAR DISEASE

DIABETES

DIGESTIVE DISORDERS

DRUG ALLERGIES

EPILEPSY/SEIZURES

FEVER BLISTERS

GLAUCOMA

HEART ATTACK

HEART MURMUR

HEPATITIS

HERPES

HIGH BLOOD PRESSURE

HIV/ AIDS

HORMONAL PROBLEMS

HYPOGLYCEMIA

KIDNEY PROBLEMS

LATEX ALLERGIES

LOW BLOOD PRESSURE

LUNG DISEASE

PNEUMONIA

PSYCHIATRIC DISORDERS

MITRAL VALVE PROLAPSE

RADIATION THERAPY

RESPIRATORY DISEASE

SHORTNESS OF BREATH

SINUS PROBLEMS

STOMACH ULCERS

STROKE

SMOKER

THYROID PROBLEMS

TMJ PAIN

TUBERCULOSIS

Physician _____ Phone# _____ Last Visit _____

Please list any drugs you are allergic to _____

Please list any medications you are currently taking _____

Do you take antibiotics prior to routine dental care ? _____

If you have any medical condition not listed above, please list _____

Do you wear a Pacemaker ? _____

Women Only: Are you Pregnant ? _____ How Many Months ? _____

Are you currently taking any birth control pills, hormones etc. ? _____

(If you are taking birth control pills, be advised that if you take antibiotics, it can make the birth control pills less effective and an alternate method of birth control may be necessary for 30 days after completion of the antibiotic regimen.)

(Please see other side)