



ALAN E. ZWEIG, DMD

- Prosthodontics
- General & Cosmetic Dentistry
- Implant Reconstruction

HEALTH INFORMATION

Patient Name: _____ Today's Date _____

PHYSICIAN'S NAME _____

ADDRESS _____ PHONE _____

WHAT PRESCRIPTION OR NON-PRESCRIPTION MEDICATIONS DO YOU TAKE? _____

ARE YOU ALLERGIC TO/OR HAVE YOU HAD A REACTION TO ANY OF THE FOLLOWING? (Please Circle)

Aspirin
Codeine
Dental Anesthetics
Other: _____

Erythromycin
Jewelry
Latex

Metals
Penicillin
Tetracycline

Yes No Do you smoke or use tobacco?

HEIGHT _____ WEIGHT _____

WOMEN ONLY

Yes	No	Are you or could you be pregnant? If YES, what month? _____
Yes	No	Are you nursing?
Yes	No	Are you taking birth control pills?

DO YOU HAVE, HAVE YOU HAD OR HAVE YOU BEEN DIAGNOSED WITH ANY OF THE FOLLOWING? (Please Circle)

Abnormal Bleeding	Yes	No	Heart Attack	Yes	No
Alcohol Abuse	Yes	No	Heart Surgery	Yes	No
Anemia	Yes	No	Hepatitis A	Yes	No
Angina Pectoris	Yes	No	Hepatitis B	Yes	No
Arthritis	Yes	No	High Blood Pressure	Yes	No
Artificial Bones	Yes	No	Kidney Problems	Yes	No
Artificial Heart	Yes	No	Liver Disease	Yes	No
Asthma	Yes	No	Mitral Valve	Yes	No
Cancer-Chemotherapy	Yes	No	Pace Maker	Yes	No
Congenital Heart	Yes	No	Pain in Jaw Joints	Yes	No
Cosmetic Surgery	Yes	No	Psychiatric Problems	Yes	No
Diabetes	Yes	No	Radiation Therapy	Yes	No
Drug Abuse	Yes	No	Rheumatic Fever	Yes	No
Emphysema	Yes	No	Seizures	Yes	No
Epilepsy	Yes	No	Sinus Problems	Yes	No

Fainting Spells	Yes	No	Stroke	Yes	No
Frequent Headaches	Yes	No	Taken Fen-Phen	Yes	No
Glaucoma	Yes	No	Thyroid Problems	Yes	No
HIV/AIDS	Yes	No	Tuberculosis	Yes	No
Hay Fever	Yes	No			

ALL PATIENTS

Yes	No	Do you have or have you had any other diseases or medical problems NOT listed on this form? If YES, please explain: _____
Yes	No	Have you ever been pre-medicated for dental treatment, if YES, why _____
Yes	No	Is there any issue or condition that you would like to discuss with the dentist in private?
Yes	No	Are you in pain now? If YES, explain _____
Yes	No	Do you often find yourself clenching or grinding your teeth?