

Kimberly Voges, D.D.S.
Patient Health History

Have you ever been told you have a **heart murmur** or had **rheumatic fever**? Y / N

Are you allergic to any medications? Y / N **Penicillin** **Codeine** **Aspirin**

Others: _____

Do you have any heart related conditions or illnesses? Y / N

Do you have any artificial heart valves or joints? Y / N

Do you or does anyone in your family have diabetes? Y / N If so, whom: _____

Do you smoke or use any tobacco products? Y / N

Do you have or are you being treated for hypertension (high blood pressure)? Y / N

Do you have any respiratory conditions, including asthma or chronic pneumonia? Y / N

Do you have gastrointestinal conditions, including ulcers, reflux or chronic colitis? Y / N

Do you have any kidney or bladder conditions, including frequent infections? Y / N

Have you ever had any form of hepatitis? Y / N If so, describe: _____

Do you have any immune system abnormalities? Y / N If so, describe: _____

Female patients, do you have any reason to think you may be pregnant? Y / N

Do you take oral birth control pills? Y / N

Are you taking any medications for any reason? Y / N If so, please list them:

Do you have any health conditions not yet asked about? Y / N If so, please describe them:

Who is your primary care physician?

Name: _____ Phone #: _____

Patient Signature: _____ Date: _____