Aleks Lyashenko DDS

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Patient Medical and Dental History Form

Patient Name: _____ _____ _____ _____

Last First MI Preferred Name

Physician's Name, Phone Number, and Date of Last Medical Exam:

_____

_____

List all medications and Supplements you are currently taking (RX and OTC):

_____

_____

List any medications you are allergic to:

_____

_____

Do you take cortisone medications? O Yes O No

Have you reacted adversely to codeine, local anesthetic, or nitrous oxide? _____

If so, how? _____

Are you sensitive to any metals or latex? _____

Are you pregnant or think you might be? O Yes O No

Do you use any birth control medications? O Yes O No

Do you have an artificial heart valve, pacemaker, or any other heart disease?

_____

Are you aware of any heart murmurs? O Yes O No

Have you ever had rheumatic fever? O Yes O No

Have you ever had Redux or Phen Fen? Bisphosphonates? O Yes O No

Do you have any artificial joint or prosthesis? _____

Do you have Glaucoma? O Yes O No

Do you have Sleep apnea? If so, do you use a CPAP? _____

Have you had any illnesses or major surgeries in the last five years?

_____

_____

Have you had radiation treatment or chemo? O Yes O No

Do you have any immune system inflammatory disease, such as arthritis or rheumatism?

O Yes O No

Do you have high blood pressure? O Yes O No

Have you ever bled excessively after being injured, or have any blood disorders? O Yes O No

Do you have Hemophilia or Anemia? O Yes O No

Do you have any kidney or liver problems? O Yes O No

Do you have diabetes? If so, is it diet or insulin controlled? O Yes O No

Last A1C and date: _____

Do you have asthma? O Yes O No

Do you have epilepsy or seizure disorders? O Yes O No

Have you tested positive for HIV or have AIDS? O Yes O No

Have you had, or do you test positive for, Hepatitis? O Yes O No

Do you have, or have you had Tuberculosis? O Yes O No

Do you smoke, or use any form of tobacco? O Yes O No

Do you use any controlled substances? O Yes O No

Do you have any other conditions not listed, or is there anything else we should know?

_____

_____

_____

_____

I certify that the above information is complete and accurate.

Signature: _____ Date: _____