KAREN GLERUM D.D.S.
GENERAL, RESTORATIVE & COSMETIC DENTISTRY
FACIAL ENHANCEMENT : BOTOX / RESTYLANE
561.374.8922
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MEDICAL HISTORY

Patient Name:_____

Do you smoke or use tobacco? ☐Yes ☐No

If female:

Are you taking Birth Control Pills? ☐Yes ☐No

Are you Pregnant? ☐Yes ☐No

Are you Nursing? ☐Yes ☐No

Do you have - or have you ever had - any of the following conditions and/or treatments? (Please check all that apply)

☐Abnormal Bleeding
☐Alcohol Abuse
☐Alzheimers
☐Anemia
☐Angina Pectoris
☐Arthritis/Rheumatism
☐AIDS/HIV
☐Artificial Heart Valve
☐Artificial Joints
☐Asthma
☐Back Problems
☐Blood Disease
☐Blood Transfusion
☐Cancer – Chemotherapy
☐Circulatory Problems
☐Chemical Dependency
☐Congenital Heart Lesions or Defects
☐Colitis
☐Cortisone Treatments
☐Diabetes
☐Difficulty Breathing
☐Drug Abuse
☐Emphysema
☐Epilepsy
☐Fainting or Dizziness
☐Frequent Headaches
☐Glaucoma
☐Heart Attack
☐Heart Disease
☐Heart Murmur
☐Heart Surgery
☐Hemophilia
☐Hepatitis Type _____
☐Herpes
☐High Blood Pressure
☐Jaundice
☐Jaw Pain
☐Kidney Disease
☐Liver Disease
☐Lupus
☐Mitral Valve Prolapse
☐Pacemaker
☐Psychiatric Problems
☐Rheumatic Fever
☐Scarlet Fever
☐Seizures
☐Shingles
☐Shortness of Breath
☐Sickle Cell Disease
☐Sinus Problems
☐Special Diet
☐Stroke
☐Swollen Neck Glands
☐Thyroid Problems
☐Tonsillitis
☐Tuberculosis
☐Ulcers
☐Venereal Disease

Allergies: (check all that apply)

☐NO KNOWN
☐Aspirin
☐Barbituates (sleeping pills)
☐Codeine
☐Dental Anesthesia
☐Erythromycin
☐Jewelry / Metals
☐Iodine
☐Latex
☐Penicillin
☐Sulfa
☐Tetracycline
☐Other:

_____

Please list any medications you are currently taking:

_____
_____
_____
_____

Are there any other diseases conditions or problems that we should be aware of that is not listed above? If so, Please describe:

_____
_____
_____

Pharmacy Information:

Name of Pharmacy: **Phone Number:** **Location:** _____

Emergency Contact: **Relationship:** **Phone Number:** _____

Patient Signature:_____ **Date:**_____