Endodontics Ltd.

**Rehabilitation of the Dentition through Root Canal Therapy**
***Health History Questionnaire***

- Are you, or have you ever been told that you are, allergic to any natural or man-made substances? These include medications, latex rubber, metallic substances or other chemicals.
  Please elaborate. .

- Are you presently, or have you recently been, taking any prescribed or over-the-counter medications? These include alternative (herbal) products, any pills or tablets, and especially illicit substances.
  Please elaborate. . .

- Have you ever been told that you need to take antibiotics or other medications **prior to routine dental care** because of precautions related to known or suspected medical conditions?
  Please elaborate. . .

***Please mark the appropriate box(s) if they apply, then elaborate to the right.***

- ❑ Heart Problems (Arrythmia, Murmur, etc.)
- ❑ Prior Heart Surgery
- ❑ High Blood Pressure
- ❑ Kidney Disorders
- ❑ Liver Disorders
- ❑ Bleeding Abnormalities (Sickle Cell Disease, etc.)
- ❑ Breathing Abnormalities (Asthma, Emphysema, etc.)
- ❑ Diabetes (Insulin dependent, Non-insulin dependent)
- ❑ Psychological Abnormalities (Depression, Schizophrenia, etc.)
- ❑ Substance Abuse Disorders (Alcohol, Marijuana, Prescription drugs, etc.)
- ❑ Sexually Transmitted Diseases (Syphilis, Gonorrhea, Herpes, etc.)
- ❑ Blood Borne Diseases (Hepatitis, HIV, etc)
- ❑ Physical Handicaps (Fear of the dentist, Claustrophobia, etc.)
- ❑ Hospitalizations
- ❑ Radiation Therapy
- ❑ Seizures (Epileptic, Diabetic, etc.)
- ❑ Artificial Joints, Valves, Body Parts (Including PACE MAKERS)
- ❑ Auto-Immune Diseases (Lupus, Arthritis, etc.)
- ❑ Thyroid Disorders
- ❑ Pregnancy (Please comment on what stage you are in)
- ❑ Chronic Disorders (Cancer, Fibromyalgia, etc.
- ❑ Other
- ❑ Please relate anything that may be of concern to you or anything that you may feel should be known prior to treatment.

By signing below, I have provided pertinent information to the best of my knowledge.

_____ _____
Patient Signature Date

_____ _____ _
Guardian Signature Date