



Name: Ernest Hofstee

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Date of Birth: 24-07-1965 Sex:  M  F Nationality: Netherlands

How do you know about us?  Family or Friends  Internet  Newspapers  Others

**MEDICAL HISTORY**

Certain medical conditions can affect dental treatment and vice versa.

Please complete this form by answering the questions.

Chief Complaint: \_\_\_\_\_

All details will be strictly confidential.	Yes	No	Others, Please Specify
Are you under a physician's care now?		<input checked="" type="checkbox"/>	
Are you taking any medications, pills, or drugs?		<input checked="" type="checkbox"/>	
Have you ever been hospitalized or had a major operation?		<input checked="" type="checkbox"/>	
Have you ever had any complications following dental treatment?		<input checked="" type="checkbox"/>	
Are you a smoker?		<input checked="" type="checkbox"/>	

**Do you have, or have you had any of the following**

High Blood Pressure     Low Blood Pressure     Rheumatic Fever     Fainting / Seizures  
 Asthma     Heart Attack     Epilepsy     Leukemia  
 Heart Disease     Kidney Disease     Liver Disease     Lung Disease  
 Thyroid Problem     Diabetes     Tuberculosis     Hepatitis/Jaundice  
 Stroke     Arthritis     Cancer     AIDS/HIV Infection  
 Creutzfeldt-Jakob disease (CJD)     Others, Please Specify \_\_\_\_\_

Are you allergic, or have you reacted adversely to any of the following:	Yes	No	Others, Please Specify
Local anesthetics (Novocaine)		<input checked="" type="checkbox"/>	
Penicillin or other antibiotics		<input checked="" type="checkbox"/>	
Asperin or Ibuprofen		<input checked="" type="checkbox"/>	
Reactions to metals		<input checked="" type="checkbox"/>	
Latex or rubber dam		<input checked="" type="checkbox"/>	
Foods		<input checked="" type="checkbox"/>	

**Additional questions for women.**

Are you pregnant or trying to get pregnant?  Yes  No

if yes, expected delivery date: \_\_\_\_\_

Are you taking oral contraceptives?  Yes  No

**PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR CURRENT PAIN INTENSITY**



To the best of my knowledge, all of the preceding answer and information provided are true and correct. If I ever have any change in my health, I will inform the doctor at the next appointment without fail.