

24. Abnormal bleeding	Yes	No
25. Anemia	Yes	No
26. Fatigue easily	Yes	No
27. Jaundice	Yes	No
28. Hepatitis	Yes	No
Type of hepatitis (if known)		
29. Liver disease	Yes	No
30. Contact with HIV (AIDS virus)	Yes	No
31. Blood transfusions	Yes	No
32. Sexually transmitted disease	Yes	No
33. Kidney disease	Yes	No
34. Epilepsy	Yes	No
35. Fainting spells	Yes	No
36. Nervous disorder/psychiatric care	Yes	No
37. Non-malignant tumor	Yes	No
38. Malignant tumor/cancer	Yes	No
39. Radiation therapy to head or neck region	Yes	No
40. Artificial joint	Yes	No
When was your most recent prosthesis placed?		
41. Do you have a history of narcotic abuse?	Yes	No
42. Do you have a history of alcohol abuse?	Yes	No
43. Have you ever been told you require premedication prior to dental treatment?	Yes	No
44. Have you ever been treated for osteoporosis?	Yes	No
45. Are you being treated for any other bone disease or cancer?	Yes	No
46. Have you taken, or are you taking, any of the following medications:		
Aredia (pamidronate)	Yes	No
Zometa (zoledronic acid)	Yes	No
Actonel (risendronate)	Yes	No
Fosamax (alendronate)/Boniva (ibandronate)	Yes	No
47. Have you ever been turned down as a blood donor?	Yes	No
48. FOR WOMEN ONLY: Are you pregnant?	Yes	No
49. List any other conditions (including all surgical procedures)		
A. _____		
B. _____		
C. _____		
50. Have you been hospitalized in the past five years?	Yes	No
If yes, for what condition? _____		

Date	Blood Pressure	Pulse Rate	Temperature	Respiratory Rate
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To the best of my knowledge, I have answered every question completely and accurately. I will inform my student dentist of any changes in my health and/or medication. I also give permission to Marquette University School of Dentistry to perform the procedures considered necessary for my emergency treatment and/or initial dental care to include but not limited to a screening exam and radiographs.

_____ Patient/legal guardian signature	_____ Faculty signature/ID#	_____ Student signature/ID#	_____ Date
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