ALLAN K. BERNSTEIN, D.D.S
MEDICAL HEALTH HISTORY

Are you currently taking any of the following medications?

	Name	Dosage Per day		Name	Dosage Per Day
Antibiotics			Aspirin		
Anti-inflammatory			Tylenol		
Anti-seizure			Insulin, Orinase, other		
Sulfa Drugs			Digitalis		
Anticoagulants			Stomach Medicine		
High Blood Pressure Drugs			Oral Contraceptives		
			Pain Medicine		
Cortisone (Steroids)			Antidepressants		
Sleeping Pills (Barbiturates)			Vitamins or Supplements		
Antihistamines			Other		

	Now	Past	No		Now	Past	No		Now	Past	No
Allergies	☐	☐	☐	Backaches	☐	☐	☐				
Skin rash	☐	☐	☐	Scoliosis	☐	☐	☐	Play wind musical instrument	☐	☐	☐
Asthma	☐	☐	☐	Ulcers	☐	☐	☐	Chronic pain	☐	☐	☐
Chronic cough	☐	☐	☐	Swallowing problems	☐	☐	☐	Gum chewing	☐	☐	☐
Sinus problems	☐	☐	☐	Heartburn	☐	☐	☐	Dental appliance	☐	☐	☐
Bleeding gums	☐	☐	☐	Dentures	☐	☐	☐	Poor circulation	☐	☐	☐
Sore mouth	☐	☐	☐	Dental infections	☐	☐	☐	Atrial fibrillation	☐	☐	☐
High Blood Pressure	☐	☐	☐	Dental cavities	☐	☐	☐	Arteriosclerosis	☐	☐	☐
Hypoglycemia	☐	☐	☐	Difficulty sleeping	☐	☐	☐	Heart problems	☐	☐	☐
Hormone problems	☐	☐	☐	Insomnia	☐	☐	☐	Fast pulse	☐	☐	☐
Had oral surgery	☐	☐	☐	**Sleep apnea**	☐	☐	☐	Chest pains	☐	☐	☐
Kidney problems	☐	☐	☐	Fatigue easily	☐	☐	☐	Heart palpitations	☐	☐	☐
Depressed after work	☐	☐	☐	Low energy	☐	☐	☐	Lose temper easily	☐	☐	☐
Memory loss	☐	☐	☐	Chronically tired	☐	☐	☐	Muscle spasms	☐	☐	☐
Moody often	☐	☐	☐	Fainting spells	☐	☐	☐	Pacemaker	☐	☐	☐
Emotional upsets	☐	☐	☐	Dizziness	☐	☐	☐	Brittle fingernails	☐	☐	☐
Nervous breakdown	☐	☐	☐	Arthritis, rheumatoid/osteo	☐	☐	☐	Nose bleeds often	☐	☐	☐
Nervousness	☐	☐	☐	Muscle soreness	☐	☐	☐	Tobacco user	☐	☐	☐
Perfectionist	☐	☐	☐	Hand tremors	☐	☐	☐	Drug problems	☐	☐	☐
Schizophrenia	☐	☐	☐	Leg cramps	☐	☐	☐	Malignancy/cancer	☐	☐	☐
Learning disability	☐	☐	☐	Swollen ankles/hands	☐	☐	☐	HIV/AIDS	☐	☐	☐
Mental retardation	☐	☐	☐	Polio	☐	☐	☐	Tuberculosis	☐	☐	☐
Hyperactivity	☐	☐	☐	Numbness of fingers	☐	☐	☐	Multiple sclerosis	☐	☐	☐
Epilepsy	☐	☐	☐	Parkinson's disease	☐	☐	☐	On-set maturity diabetes	☐	☐	☐
Hepatitis A ☐ B ☐ C ☐	☐	☐	☐	Grinding/clenching	☐	☐	☐	Liver disease	☐	☐	☐

Do you have any blood disorder such as anemia? ☐ Yes ☐ No
Have you had surgery, x-ray, or drug treatment for a growth or other condition to your head, neck or back? ☐ Yes ☐ No
Do you have any disease, condition, or problem not listed here that you think we should know about? ☐ Yes ☐ No
Please explain:

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