Parkway Dental Care Dr. Philip T. Philip

1064 East Osceola Parkway Kissimmee, FL 34744 (407) 932-2273 www.parkwaydentalonline.com

Medical History Update

Physician's Name:	YOUR NAME:			Today's Date:			
When was your last complete physical? Please tell us if you have had any of the following by checking the appropriate box(es): Bacterial Endocarditis	Physician's Name:	Physician's Phone #:					
Please tell us if you have had any of the following by checking the appropriate box(es): Bacterial Endocarditis Hemophilia Any artificial replacement Diabetes Heart Murmur Blood Disease Artificial Knee, Hip, Joint Kidney Problems Irregular Heartbeat Sickle Cell Anemia Pins, Plate Dialysis High Blood Pressure Anemia / Blood Problems Rheumatism / Arthritis Liver Problems Hepatitis Low Blood Pressure Excessive Bleeding Neurological Problems Hepatitis Rheumatic Heart Fever Asthma Epilepsy / Seizures Stroke Rheumatic Heart Valve(s) Shortness of Breath Emotional Problems Thyroid Problems Artificial Heart Valve(s) Shortness of Breath Emotional Problems Ulcor / Colitis Congenital Heart Lesion Hay Fever Alcoholism Venereal Disease Mitral Valve Prolapse Sinus Problems Chemical Dependency Herpes Heart Attack Year Tuberculosis Drug Addiction Fever Blisters Angina/Chest Pain Eye Disorders / Glaucoma Malignancies Pregnant Months Heart Pacemaker AIDS Cancers, Tumors, Growths Oral Contraceptives Heart Surgery Immunosuppressive Radiation Treatments Please list any ALLERGIES to Drugs, Medications or Anesthetics: Please list any Other MEDICAL CONDITIONS not mentioned above:	When was your last visit to your phy	sician?					
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Irregular Heartbeat			Ш	•			
High Blood Pressure		_		•		•	
□ Low Blood Pressure □ Excessive Bleeding □ Neurological Problems □ Hepatitis □ Rheumatic Heart Fever □ Asthma □ Epilepsy / Seizures □ Stroke □ Rheumatic Heart Disease □ Respiratory Disease □ Psychiatric Problems □ Thyroid Problems □ Artificial Heart Lesion □ Hay Fever □ Alcoholism □ Venereal Disease □ Mitral Valve Prolapse □ Sinus Problems □ Chemical Dependency □ Herpes □ Heart Attack _ Year □ Tuberculosis □ Drug Addiction □ Fever Blisters □ Angina/Chest Pain □ Eye Disorders / Glaucoma □ Malignancies □ Pregnant _ Months □ Heart Surgery □ Immunosuppressive □ Radiation Treatments □ Oral Contraceptives □ Hease list any ALLERGIES to Drugs, Medications or Anesthetics: □ Radiation Treatments			_			-	
Rheumatic Heart Fever		_	_				
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Angina/Chest Pain		_	Ш	•	Ш	·	
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