

Have you ever had any of the following medical conditions:

Yes	No	Yes	No	Yes	No
___	___	___	___	___	___
	Hepatitis		Any contagious or infectious disease		Purple or discolored lumps on skin
___	___	___	___	___	___
	Jaundice		HIV/AIDS		Extreme tiredness
___	___	___	___	___	___
	Liver Disease		Repeated infections		White coating on tongue or throat
___	___	___	___	___	___
	Tuberculosis		Severe rapid weight loss		Easy bruising or bleeding
___	___	___	___	___	___
	Cough up blood		Swollen glands		Heavy persistent dry cough
___	___	___	___	___	___
	Venereal disease		Unexplained fever		Persistent diarrhea
___	___	___	___	___	___
	Syphilis		Severe night sweats		Herpes
___	___	___	___		
	Gonorrhea		Enlarged spleen		

Dental History

Do you now have or have you had any of the following:

Yes	No	Yes	No	Yes	No
___	___	___	___	___	___
	Dental pain		Grinding your teeth		Problems the tonsils or adenoids
___	___	___	___	___	___
	Food packing between teeth		Pain in or near ears		Sores in mouth or lips
___	___	___	___	___	___
	Bleeding gums		Difficulty in opening mouth		Difficulty in chewing
___	___	___	___	___	___
	Periodontal disease		Injury to face or jaws		Dissatisfaction with appearance of teeth
___	___	___	___		
	Sensitive teeth		Sinus trouble		

Please list any diseases, conditions, or problems not included in the above medical and dental history:

Additional comments for any items marked "Yes"

Questions for minor child

Has your child had any of the following:

Yes	No	Yes	No	Yes	No
___	___	___	___	___	___
	Scarlet fever		Tuberculosis		Ear infections
___	___	___	___	___	___
	Measles		Leukemia		Serious accidents or falls
___	___	___	___	___	___
	Mumps		Anemia		Learning difficulties
___	___	___	___	___	___
	Chicken Pox		Fever of unknown origin		Enrollment in special school
___	___	___	___	___	___
	German Measles		Upper respiratory infection		3-day or common measles