

Have you ever had any of the following medical conditions:

Yes ___	No ___ Hepatitis	Yes ___	No ___ contagious/ infectious disease	Yes ___	No ___ 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 ___ Dental pain	Yes ___	No ___ Grinding/clenching your teeth	Yes ___	No ___ Problems the tonsils/ adenoids
___	___ Food packing /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	___	___ Unhappy with look of teeth
___	___ Sensitive teeth	___	___ Sinus trouble	___	___ diagnosed TMJ/TMD

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 ___ Scarlet fever	Yes ___	No ___ Tuberculosis	Yes ___	No ___ 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