Daniel L. Mengedoth, DDS, Ltd.
2585 23rd Ave. S., Suite C
Fargo, ND 58103

www.drdanmengedoth.com

701.356.1280

Adult Medical History

Patient Name: | Last | First | MI | Preferred Name

Birth Date:

Physician Information:

Physician's Name, Address, City, State, Zipcode, Telephone

Date of last physical examination:

Have you been under the care of a physician within the past two years?

◯ Yes ◯ No

Have you had to stay overnight as a hospitalized patient in the past five years?

◯ Yes ◯ No

Are you currently taking any medication, drugs or pills (including birth control)?

◯ Yes ◯ No

Are you allergic to any medication or substance?

◯ Yes ◯ No

Have you had an allergic skin reaction to metal jewelry?

◯ Yes ◯ No

Are you pregnant or nursing?

◯ Yes ◯ No

If you have answered "Yes" to any of the questions above, please explain (include all current medications):

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Adult Medical History (Continued)

Please indicate any conditions which you have had or are currently experiencing (check all that apply):

- ☐ Heart attack
- ☐ Chest pain
- ☐ Congenital heart disease
- ☐ Heart murmur
- ☐ Heart surgery/pacemaker
- ☐ Mitral valve problems
- ☐ Nervousness/anxiousness
- ☐ High blood pressure
- ☐ Artificial heart valve
- ☐ Psychiatric/psychological care
- ☐ Neurological disorder
- ☐ Epilepsy or seizures
- ☐ Fainting or dizzy spells
- ☐ Stroke
- ☐ HIV positive
- ☐ AIDS
- ☐ Hepatitis
- ☐ Diabetes
- ☐ Swollen ankles
- ☐ Thyroid problems
- ☐ Hemophilia/abnormal bleeding
- ☐ Stomach ulcers/hyperacidity
- ☐ Tumors
- ☐ Radiation therapy
- ☐ Chemotherapy
- ☐ Cancer
- ☐ Liver disease
- ☐ Kidney trouble
- ☐ Tuberculosis
- ☐ Emphysema
- ☐ Sinus trouble
- ☐ Asthma
- ☐ Artificial joints, pins or plates
- ☐ Rheumatic fever
- ☐ Arthritis/Rheumatism
- ☐ Cortisone medicine
- ☐ Latex sensitivity
- ☐ Allergies or hives
- ☐ Cold sores/fever blisters

Please explain any checked responses above:

Do you have or have you had any disease, condition or problem not listed above?

◯ Yes ◯ No

If "Yes," please explain:

Response Date: