770.992.6568
www.drshenk.com

Judd W. Shenk, DMD

Medical History

LIST ALL MEDICATIONS/DRUGS YOU ARE NOW TAKING:

____

____

Do you take *or* have you ever taken :

Actonel (risedronate sodium), Fosamax (alendronate), or Boniva (ibandronate) circle if yes

Dosage and frequency: _________ Start Date: _________ Stop Date: __________

ARE YOU ALLERGIC OR HAVE YOU REACTED ADVERSELY TO ANY OF THE FOLLOWING?
Please check all that apply:

☐ Aspirin ☐ Demerol ☐ Erythromycin ☐ Penicillin ☐ Valium ☐ Percodan
☐ Codeine ☐ Latex ☐ Tetracycline ☐ Other Antibiotics ☐ Darvon ☐ Local Anesthetic
☐ Bananas ☐ Chestnuts ☐ Avocados ☐ Kiwis

Allergy to any other medication or substance? ☐ Yes ☐ No If Yes, please list: ____________________________

Please mark YES or NO if you have had or you currently have…

Yes	No	
		HEART DISEASE
☐	☐	Congestive Heart Failure
☐	☐	Heart Attack
☐	☐	Chest Pains
☐	☐	High Blood Pressure
☐	☐	Murmur/Valve Disorder
☐	☐	Rheumatic Fever
☐	☐	Mitral Valve Prolapse
☐	☐	Pacemaker
☐	☐	Heart Bypass
☐	☐	Valve Replacement
☐	☐	Irregular Heart Beat
		LUNG DISEASE
☐	☐	Asthma
		Date Last Attack_________
☐	☐	Emphysema
☐	☐	Smoke Tobacco
		# of years_______
		Packs per day _______
☐	☐	Sleep Apnea
☐	☐	Chronic Cough
		ENDOCRINE DISEASE
☐	☐	Diabetes
☐	☐	Thyroid
		INFECTIOUS DISEASE
☐	☐	HIV Positive
☐	☐	AIDS

Yes	No	
☐	☐	Hepatitis A
☐	☐	Hepatitis B
☐	☐	Hepatitis C
☐	☐	Tuberculosis
☐	☐	Venereal
☐	☐	Other
		MUSCULO SKELETAL DISEASE
☐	☐	Fibromyalgia
☐	☐	Arthritis
☐	☐	Connective Tissue Disease
☐	☐	Lupus
☐	☐	Artificial Joints
☐	☐	Osteoporosis
☐	☐	Jaw Joint Pain/dysfunction
		NEUROLOGIC DISEASE
☐	☐	Neuro Muscular
☐	☐	Stroke
☐	☐	Seizures, Epilepsy
☐	☐	Migraine Headaches
		BLOOD/CLOTTING DISORDER
☐	☐	Prolonged Bleeding
☐	☐	Anemia
☐	☐	Hemophilia
☐	☐	Platelet Disorder
☐	☐	Sickle Cell Disease
☐	☐	Bruising

Yes	No	
☐	☐	Anticoagulant Drugs
☐	☐	Aspirin Usage
		OTHER
☐	☐	Sinus Problems
☐	☐	Liver Disease
☐	☐	Cancer/Tumor Treatment
		___ By Radiation
		___ By Chemotherapy
☐	☐	Chewing/Dipping Tobacco
		# of years _______
☐	☐	Taking Diet Pills
☐	☐	Psychiatric Treatment
☐	☐	Ulcers
☐	☐	Drug Addiction
		WOMEN ONLY
☐	☐	Birth Control Pills
☐	☐	Pregnant
☐	☐	Nursing

Antibiotics may interfere with the effectiveness of oral contraceptives. Consult your physician for advice regarding other methods of birth control.

Is there any health condition not listed above? ☐ Yes ☐ No. If Yes, please list:_____________________________________

____

I have read, understand, and answered the questions above. I will not hold Dr. Shenk or any other member of his staff responsible for any errors or omissions that I have made in completion of this form. I authorize the release of all information my insurance company requests.

Signature of Patient ______________________________________ Date ____________________________
(Parent or Guardian if Minor)

4690 Woodstock Road • Suite 100 • Roswell, GA 30075