

## **WELCOME**

Thank you for selecting our dental healthcare team! We will strive to provide you with the best possible dental care. To help us meet all your dental healthcare needs, please complete this form (use ink). If you have any questions or need assistance, please ask us we will be happy to help.

Please complete reverse side

Patient Information (Confidential)			Today	's Date	/	
Name	Birtho	day		_ SSN		
Address				State	Zip	
Email	Home Phone ( )	Ple	ease circle the bes	Cell Phone (	)	
Circle: MALE or FEMALE Check State	us:MinorSi					
If Student, Name of School/College			City		State	
Patient or Parent/Guardian's Employer						
Business Address	City	<b>/</b>		State	Zip	
Spouse/Parent/Guardian's Name	· · · · · · · · · · · · · · · · · · ·				• • •	
Whom may we thank for referring you?	Where have you he	eard ab	out us? Pleas	e check AL	L that app	ly:
Friend/Family	TV/Radio	Websit	e Facebook	/Twitter	Event	Newspaper
Person to contact in case of emergency:			Pr	none()_		
Have you been told by a physician that you nee	ed an antibiotic PREMI	ED befo	ore receiving any	dental treatm	ents?	ES NO
If yes, what medication is recommended by y	our doctor?					
For what medical conditions?						
Have you ever had Botox or dermal fillers?	YES NO					
Responsible Party						
Person Responsible for this Account			Relationship to	Patient		
Address			Home Phone (	)		
Email			Cell Phone (	)		
Driver's License#			SSN	_		
Employer			Work Phone (	)		
Is this person a patient in our office: YE	s 🗌 no					
Insurance Information						
Name of Insured			Relationship to	Patient		
Birthday/SSN			Date Employed			
Name of Employer			Work Phone (	)		
Address of Employer	City			State	Zip	
Insurance Company	Group #		Policy II	) #		
Ins. Co. Address	City		5	State	_ Zip	
Ins. Phone Number						
Payment - Insurance Authorization						
A \$25.00 rebilling fee will be charged for each more OF SERVICE, regardless of insurance coverage. Will be my responsibility. For your convenience, we full expected at each appointment.	l understand that any leg	gal fees	incurred by this of	fice in collectio	on of the acco	ounts balance
By signing below, I authorize the Office of Mark payment from my insurance company to be ma agent to obtain and verify a credit report. I also Cash Personal Check Visa	de directly to Mark T. E understand that all fees	Bentley l s not pa	D.D.S., Inc. I autl	norize Mark T. re my respons	Bentley DD sibility.	S, Inc. or his
X Patient's Signature						
If you are completing this form for another person Signature	, please sign below and	l indicate	your relationship Relationship			
UDPDATED BY PATIENT  2)/ Date	N USE ONLY  /  /  Divide		CLINICAL USE ONLY		OFFICE USE ( DATE/_ Acct #_ Revised 02/04	/



## **MEDICAL HISTORY**

In the of Physician/and their specialty  In the syour estimate of your general health?     EXCELLENT	Purpose	ratient Name			Nickname			Age	2
Most recent physical examination Purpose What is your estimate of your general health? EXCELLENT GOOD FAIR POOR  O YOU HAVE OR HAVE YOU EVER HAD: Please circle if applies  1. Hospitalization for illness or injury. Y N 25. Digestive disorders (i.e., gastric reflux). Y N 26. Osteoporosis/Osteopenia (ie., taking bisphonsphonates) Y Aspirin, ibuprofen, acetaminophen, codeine. Y N 27. Arthritis. Y Penicillin. Y N 28. Glaucoma Y N 29. Contact lenses Y N 29. Contact lenses Y N 30. Head or neck injuries Y N 31. Epilepsy, convulsions (seizures) Y N 31. Epilepsy, convulsions (seizures) Y N 32. Neurologic Problems (attention deficit disorders) Y N 34. Any lumps or swelling in the mouth Y N 35. Hives, skin rash, hay fever Y N 36. Venereal disease Y N 37. Hepatitis (type N 38. HIV / AIDS Y N 39. Tumor, abnormal growth Y N 39. Tumor, abnormal growth Y N 39. Tumor, abnormal growth Y N 39. Psychiatric breatment Y N 41. Chemotherapy Y N 41. Chemotherapy Y N 42. Emotional problems Y N 43. Psychiatric treatment Y N 44. Antidepressant medication Y N 45. Alcohol / drug dependency Y N 45. Alcohol / drug dependency Y N 45. Alcohol / drug dependency Y N 46. Cancer Y N 47. Presently being treated for any other illness? Y N 48. Aware of a change in your general health? Y N 49. Taking medication for weight management (i.e. fen-phen) Y N 49. Taking medication for weight management (i.e. fen-phen) Y N 49. Taking medication for weight management (i.e. fen-phen) Y N 49. Taking medication for weight management (i.e. fen-phen) Y N 49. Taking medication for weight management (i.e. fen-phen) Y N 49. Taking medication for weight management (i.e. fen-phen) Y N 49. Taking medication for weight management (i.e. fen-phen) Y N 49. Taking medication for weight management (i.e. fen-phen) Y N 49. Taking medication for weight management (i.e. fen-phen) Y N 49. Taking medication for weight management (i.e. fen-phen) Y N 49. Taking medication for weight management (i.e. fen-phen) Y N 49. Taking medication for weight management (i.e. fen-phen) Y N 49. Taking	Purpose							_Ag	<b>-</b>
What is your estimate of your general health?    EXCELLENT    GOOD    FAIR    POOR  O YOU HAVE OR HAVE YOU EVER HAD: Please circle if applies  1. Hospitalization for illness or injury	EXCELLENT         GOOD         FAIR         POOR           ease circle if applies         Y         N         25. Digestive disorders (i.e., gastric reflux)								
1. Hospitalization for illness or injury	ease circle if applies           Y         N         25. Digestive disorders (i.e., gastric reflux)	· · · · · · · · · · · · · · · · · · ·			_	<u>_</u>			
2. An allergic reaction to:  Aspirin, ibuprofen, acetaminophen, codeine. Y N 27. Arthritis. Y Penicillin. Y N 28. Glaucoma. Y N 29. Contact lenses Y N 29. Contact lenses Y N 30. Head or neck injuries Y N 30. Head or	Y         N         25. Digestive disorders (i.e., gastric reflux)	What is your estimate of your general health? $\;\;\; igspace$	<b>]</b> E)	CELLENT	☐ GOOD	☐ FAIR	☐ POOR		
2. An allergic reaction to:  Aspirin, ibuprofen, acetaminophen, codeine.  Y N Penicillin Y N Penici	26. Osteoporosis/Osteopenia (ie., taking bisphonsphonates)       Y       N         Y       N       27. Arthritis       Y       N         Y       N       28. Glaucoma       Y       N         Y       N       29. Contact lenses       Y       N         Y       N       30. Head or neck injuries       Y       N         Y       N       31. Epilepsy, convulsions (seizures)       Y       N         Y       N       31. Epilepsy, convulsions (seizures)       Y       N         Y       N       32. Neurologic Problems (attention deficit disorders)       Y       N         Y       N       32. Neurologic Problems (attention deficit disorders)       Y       N         Y       N       33. Viral infections and cold sores       Y       N         Y       N       34. Any lumps or swelling in the mouth       Y       N         Y       N       35. Hives, skin rash, hay fever       Y       N         Y       N       36. Venereal disease       Y       N         Y       N       36. Venereal disease       Y       N         Y       N       37. Hepatitis (ftype       Y       N         Y       N       39	O YOU HAVE OR HAVE YOU EVER HAD: P	leas	e circle if applies					
2. An allergic reaction to:  Aspirin, ibuprofen, acetaminophen, codeine. Y N 27. Arthritis. Y Penicillin. Y N 28. Glaucoma. Y N 29. Contact lenses Y N 29. Contact lenses Y N 30. Head or neck injuries Y N 30. Head or	26. Osteoporosis/Osteopenia (ie., taking bisphonsphonates)       Y       N         Y       N       27. Arthritis       Y       N         Y       N       28. Glaucoma       Y       N         Y       N       29. Contact lenses       Y       N         Y       N       30. Head or neck injuries       Y       N         Y       N       31. Epilepsy, convulsions (seizures)       Y       N         Y       N       31. Epilepsy, convulsions (seizures)       Y       N         Y       N       32. Neurologic Problems (attention deficit disorders)       Y       N         Y       N       32. Neurologic Problems (attention deficit disorders)       Y       N         Y       N       33. Viral infections and cold sores       Y       N         Y       N       34. Any lumps or swelling in the mouth       Y       N         Y       N       35. Hives, skin rash, hay fever       Y       N         Y       N       36. Venereal disease       Y       N         Y       N       36. Venereal disease       Y       N         Y       N       37. Hepatitis (fype       Y       N         Y       N       39.	Hospitalization for illness or injury	Υ .	N	25. Digestive disorde	ers (i.e., gastric re	flux)	Υ	Ν
Penicillin	Y       N       28. Glaucoma       Y       N         Y       N       29. Contact lenses       Y       N         Y       N       30. Head or neck injuries       Y       N         Y       N       31. Epilepsy, convulsions (seizures)       Y       N         Y       N       32. Neurologic Problems (attention deficit disorders)       Y       N         Y       N       33. Viral infections and cold sores       Y       N         Y       N       33. Viral infections and cold sores       Y       N         Y       N       34. Any lumps or swelling in the mouth       Y       N         Y       N       35. Hives, skin rash, hay fever       Y       N         Y       N       36. Venereal disease       Y       N         Y       N       36. Venereal disease       Y       N         Y       N       37. Hepatitis (type       Y       N         Y       N       39. Tumor, abnormal growth       Y       N         Y       N       40. Radiation therapy       Y       N         Y       N       41. Chemotherapy       Y       N         Y       N       42. Emotional problems								
Erythromycin	Y       N       29. Contact lenses       Y       N         Y       N       30. Head or neck injuries       Y       N         Y       N       31. Epilepsy, convulsions (seizures)       Y       N         Y       N       32. Neurologic Problems (attention deficit disorders)       Y       N         Y       N       33. Viral infections and cold sores       Y       N         Y       N       34. Any lumps or swelling in the mouth       Y       N         Y       N       35. Hives, skin rash, hay fever       Y       N         Y       N       36. Venereal disease       Y       N         Y       N       37. Hepatitis (type       Y       N         Y       N       39. Tumor, abnormal growth       Y       N         Y       N       40. Radiation therapy       Y       N         Y       N       41. Chemotherapy       Y       N         Y       N       42. Emotional problems	Aspirin, ibuprofen, acetaminophen, codeine	. Y	N	27. Arthritis			Υ	Ν
Tetracycline	Y         N         30. Head or neck injuries         Y         N           Y         N         31. Epilepsy, convulsions (seizures)         Y         N           Y         N         32. Neurologic Problems (attention deficit disorders)         Y         N           Y         N         33. Viral infections and cold sores         Y         N           Y         N         34. Any lumps or swelling in the mouth         Y         N           Y         N         35. Hives, skin rash, hay fever         Y         N           Y         N         36. Venereal disease         Y         N           Y         N         37. Hepatitis (type         Y         N           Y         N         37. Hepatitis (type         Y         N           Y         N         39. Tumor, abnormal growth         Y         N           Y         N         40. Radiation therapy         Y         N           Y         N         42. Emotional proble	Penicillin	. Y	N	28. Glaucoma			Υ	Ν
Sulpha	Y       N       31. Epilepsy, convulsions (seizures)       Y       N         Y       N       32. Neurologic Problems (attention deficit disorders)       Y       N         Y       N       33. Viral infections and cold sores       Y       N         Y       N       34. Any lumps or swelling in the mouth       Y       N         Y       N       35. Hives, skin rash, hay fever       Y       N         Y       N       36. Venereal disease       Y       N         Y       N       37. Hepatitis (type       Y       N         Y       N       39. Tumor, abnormal growth       Y       N         Y       N       40. Radiation therapy       Y       N         Y       N       41. Chemotherapy       Y       N         Y       N       42. Emotional problems       Y       N         Y       N       43. Psychiatric treatment <t< td=""><td>Erythromycin</td><td>. Y</td><td>N</td><td></td><td></td><td></td><td></td><td>Ν</td></t<>	Erythromycin	. Y	N					Ν
Local anesthetic	Y       N       32. Neurologic Problems (attention deficit disorders)       Y       N         Y       N       33. Viral infections and cold sores       Y       N         Y       N       34. Any lumps or swelling in the mouth       Y       N         Y       N       35. Hives, skin rash, hay fever       Y       N         Y       N       36. Venereal disease       Y       N         Y       N       37. Hepatitis (type       Y       N         Y       N       38. HIV / AIDS       Y       N         Y       N       39. Tumor, abnormal growth       Y       N         Y       N       40. Radiation therapy       Y       N         Y       N       41. Chemotherapy       Y       N         Y       N       42. Emotional problems       Y       N         Y       N       43. Psychiatric treatment       Y       N         Y       N       44. Antidepressant medication       Y       N         Y       N       45. Alcohol / drug dependency       Y       N         Y       N       47. Presently being treated for any other illness?       Y       N         Y       N       48. Awar	•			30. Head or neck inju	ıries		Υ	Ν
Fluoride	Y       N       33. Viral infections and cold sores       Y       N         Y       N       34. Any lumps or swelling in the mouth       Y       N         Y       N       35. Hives, skin rash, hay fever       Y       N         Y       N       36. Venereal disease       Y       N         Y       N       37. Hepatitis (type       Y       N         Y       N       38. HIV / AIDS       Y       N         Y       N       39. Tumor, abnormal growth       Y       N         Y       N       40. Radiation therapy       Y       N         Y       N       41. Chemotherapy       Y       N         Y       N       43. Psychiatric treatment       Y       N         Y       N       44. Antidepressant medication       Y       N         Y       N       45. Alcohol / drug dependency       Y       N	·							Ν
Metals (nickel, gold, silver,	Y       N       34. Any lumps or swelling in the mouth       Y       N         Y       N       35. Hives, skin rash, hay fever       Y       N         Y       N       36. Venereal disease       Y       N         Y       N       37. Hepatitis (type       Y       N         Y       N       38. HIV / AIDS       Y       N         Y       N       39. Tumor, abnormal growth       Y       N         Y       N       40. Radiation therapy       Y       N         Y       N       41. Chemotherapy       Y       N         Y       N       42. Emotional problems       Y       N         Y       N       43. Psychiatric treatment       Y       N         Y       N       44. Antidepressant medication       Y       N         Y       N       45. Alcohol / drug dependency       Y       N         Y       N       46. Cancer       Y       N         Y       N       47. Presently being treated for any other illness?       Y       N         Y       N       48. Aware of a change in your general health?       Y       N         Y       N       49. Taking medication for weight manageme				_	•	·		Ν
Latex	Y       N       35. Hives, skin rash, hay fever       Y       N         Y       N       36. Venereal disease       Y       N         Y       N       37. Hepatitis (type								Ν
Other	Y       N       36. Venereal disease       Y       N         Y       N       37. Hepatitis (type	-		• •					
3. Heart conditions present from birth (please list)	Y       N       37. Hepatitis (type								
38. HIV / AIDS	38. HIV / AIDS       Y       N         Y       N       39. Tumor, abnormal growth       Y       N         Y       N       40. Radiation therapy       Y       N         Y       N       41. Chemotherapy       Y       N         Y       N       42. Emotional problems       Y       N         Y       N       43. Psychiatric treatment       Y       N         Y       N       44. Antidepressant medication       Y       N         Y       N       45. Alcohol / drug dependency       Y       N         Y       N       46. Cancer       Y       N         Y       N       47. Presently being treated for any other illness?       Y       N         Y       N       47. Presently being treated for any other illness?       Y       N         Y       N       48. Aware of a change in your general health?       Y       N         Y       N       49. Taking medication for weight management (i.e. fen-phen)       Y       N         Y       N       50. Taking dietary supplements       Y       N         Y       N       51. Often exhausted or fatiqued       Y       N								
4. Artificial heart valve	Y         N         39. Tumor, abnormal growth         Y         N           Y         N         40. Radiation therapy         Y         N           Y         N         41. Chemotherapy         Y         N           Y         N         42. Emotional problems         Y         N           Y         N         43. Psychiatric treatment         Y         N           Y         N         44. Antidepressant medication         Y         N           Y         N         45. Alcohol / drug dependency         Y         N           46. Cancer         Y         N           Y         N         47. Presently being treated for any other illness?         Y         N           Y         N         47. Presently being treated for any other illness?         Y         N           Y         N         48. Aware of a change in your general health?         Y         N           Y         N         49. Taking medication for weight management (i.e. fen-phen)         Y         N           Y         N         50. Taking dietary supplements         Y         N           Y         N         51. Often exhausted or fatiqued         Y         N	3. Heart conditions present from birth (please list)	Υ	N					
5. History of infective Endocarditis	Y       N       40. Radiation therapy       Y       N         Y       N       41. Chemotherapy       Y       N         Y       N       42. Emotional problems       Y       N         Y       N       43. Psychiatric treatment       Y       N         Y       N       44. Antidepressant medication       Y       N         Y       N       45. Alcohol / drug dependency       Y       N         Y       N       46. Cancer       Y       N         Y       N       47. Presently being treated for any other illness?       Y       N         Y       N       48. Aware of a change in your general health?       Y       N         Y       N       49. Taking medication for weight management (i.e. fen-phen)       Y       N         Y       N       50. Taking dietary supplements       Y       N         Y       N       51. Often exhausted or fatiqued       Y       N	4. A stifficial beautivalue	V	NI					
6. Pacemaker or implantable defibrillator	Y         N         41. Chemotherapy         Y         N           Y         N         42. Emotional problems         Y         N           43. Psychiatric treatment         Y         N           Y         N         44. Antidepressant medication         Y         N           Y         N         45. Alcohol / drug dependency         Y         N           Y         N         46. Cancer         Y         N           Y         N         47. Presently being treated for any other illness?         Y         N           Y         N         If YES, explain         Y         N           Y         N         48. Aware of a change in your general health?         Y         N           Y         N         49. Taking medication for weight management (i.e. fen-phen)         Y         N           Y         N         50. Taking dietary supplements         Y         N           Y         N         51. Often exhausted or fatiqued         Y         N								
7. Artificial joints (please list)	Y       N       42. Emotional problems       Y       N         43. Psychiatric treatment       Y       N         Y       N       44. Antidepressant medication       Y       N         Y       N       45. Alcohol / drug dependency       Y       N         46. Cancer       Y       N         Y       N       ARE YOU:         Y       N       47. Presently being treated for any other illness?       Y       N         Y       N       If YES, explain       Y       N         Y       N       49. Taking medication for weight management (i.e. fen-phen)       Y       N         Y       N       50. Taking dietary supplements       Y       N         Y       N       51. Often exhausted or fatiqued       Y       N								
43. Psychiatric treatment	43. Psychiatric treatment       Y N         Y N       44. Antidepressant medication       Y N         Y N       45. Alcohol / drug dependency       Y N         46. Cancer       Y N         Y N       47. Presently being treated for any other illness?       Y N         Y N       If YES, explain       Y N         Y N       48. Aware of a change in your general health?       Y N         Y N       49. Taking medication for weight management (i.e. fen-phen)       Y N         Y N       50. Taking dietary supplements       Y N         Y N       51. Often exhausted or fatigued       Y N								
8. Rheumatic or Scarlet Fever YN 44. Antidepressant medication YN 45. Alcohol / drug dependency YN 45. Alcohol / drug dependency YN 46. Cancer YN 46. Cancer YN 46. Cancer YN 47. Presently being treated for any other illness? YN 47. Presently being treated for any other illness? YN 48. Aware of a change in your general health? YN 49. Taking medication for weight management (i.e. fen-phen) YN 49. Taking medication for weight management (i.e. fen-phen) YN 49. Taking medication for weight management (i.e. fen-phen) YN 49. Taking medication for weight management (i.e. fen-phen) YN 49. Taking medication for weight management (i.e. fen-phen) YN 49. Taking medication for weight management (i.e. fen-phen) YN 49. Taking medication for weight management (i.e. fen-phen) YN 49. Taking medication for weight management (i.e. fen-phen)	Y N 44. Antidepressant medication		Y	N					
9. Blood pressure:  High Low  10. A stroke (taking blood thinners)	Y       N       45. Alcohol / drug dependency       Y       N         46. Cancer       Y       N         Y       N       ARE YOU:         Y       N       47. Presently being treated for any other illness?       Y       N         Y       N       If YES, explain       Y       N         Y       N       48. Aware of a change in your general health?       Y       N         Y       N       49. Taking medication for weight management (i.e. fen-phen)       Y       N         Y       N       50. Taking dietary supplements       Y       N         Y       N       51. Often exhausted or fatiqued       Y       N			N					
High	Y N  ARE YOU: Y N 47. Presently being treated for any other illness?								
10. A stroke (taking blood thinners) Y N  11. Anemia or other blood disorders Y N  12. Prolonged bleeding due to a slight cut (INR>3.5) Y N  13. Emphysema, Sarcoidosis Y N  14. Tuberculosis Y N  15. Presently being treated for any other illness? Y N  16. Presently being treated for any other illness? Y N  17. Presently being treated for any other illness? Y N  18. Aware of a change in your general health? Y N  19. Taking medication for weight management (i.e. fen-phen) Y	Y N ARE YOU:  Y N 47. Presently being treated for any other illness?	High		N					
11. Anemia or other blood disorders       Y       N       47. Presently being treated for any other illness?	Y N 47. Presently being treated for any other illness?			N	ADE VOII.				
12. Prolonged bleeding due to a slight cut (INR>3.5) Y N If YES, explain	Y N If YES, explain Y N  Y N 48. Aware of a change in your general health?					reated for any oth	المحمد النامد	.,	
13. Emphysema, Sarcoidosis	Y N 48. Aware of a change in your general health?								N
14. Tuberculosis	Y N 49. Taking medication for weight management (i.e. fen-phen) Y N 50. Taking dietary supplements								N
40. Taking medication for weight management (i.e. let phon)	Y N 50. Taking dietary supplements				•				
15. AsthmaY N 50. Taking dietary supplements	Y N 51. Often exhausted or fatigued	15. Asthma		N					
oo. raking dictary supplements	o i. Oitoii chiiddoted oi idtiqued								
of the first of th	Y N 52. Subject to frequent headaches								
	Y N 53. Smoker or smoked previously (date you quit) Y N	18. Liver disease	. Y	N					
	Y N 54. Considered a touchy person Y N	19. Jaundice	. Y	N					
20. Thyroid, parathyroid disease/calcium deficiency Y N 55. Often unhappy or depressed	• • • • • • • • • • • • • • • • • • • •								
21. Hormone deficiency						•			
22. High cholesterol or taking Statin drugs Y N 57. FEMALE - pregnant Y	Y N 56. FEMALE - taking birth control pills								
23. Diabetes (HbA1c) Y N	Y N 56. FEMALE - taking birth control pills								
24. Stomach or duodenal ulcer	Y         N         56. FEMALE - taking birth control pills         Y         N           Y         N         57. FEMALE - pregnant         Y         N           Y         N         58. MALE - prostate disorders         Y         N	24. Stomach or duodenal ulcer	Υ	N	•				
23. Diabetes (HbA1c) Y N 58. MALE - prostate disorders	Y         N         56. FEMALE - taking birth control pills         Y         N           Y         N         57. FEMALE - pregnant         Y         N	24. Stomach or duodenal ulcer	Υ	N	•				
ob. Ottori diritappy of depression and an analysis of the state of the	AZ AL					•			
22. High cholesterol or taking Statin drugs Y N 57. FEMALE - pregnant Y	Y N 56. FEMALE - taking birth control pills								
23. Diabetes (HbA1c) Y N	Y N 56. FEMALE - taking birth control pills								
	Y         N         56. FEMALE - taking birth control pills         Y         N           Y         N         57. FEMALE - pregnant         Y         N           Y         N         58. MALE - prostate disorders         Y         N		-	• •					4.
escribe any current medical treatment, impending surgery, or other treatment that may possibly affect your dental tre	Y         N         56. FEMALE - taking birth control pills         Y         N           Y         N         57. FEMALE - pregnant         Y         N           Y         N         58. MALE - prostate disorders         Y         N           Y         N         N         N         N	escribe any current medical treatment, impendi	ng :	surgery, or our	er treatment that ma	ly possibly allo	ect your dental i	rea	uner
	Y         N         56. FEMALE - taking birth control pills         Y         N           Y         N         57. FEMALE - pregnant         Y         N           Y         N         58. MALE - prostate disorders         Y         N           Y         N         N         N         N	List all modications supplements an	d/o	vitamine tak	on within the last	two voore:			
List all modications supplements and/or vitamins taken within the last two years:	Y N 56. FEMALE - taking birth control pills		u/U			-	180		
List all medications, supplements, and/or vitamins taken within the last two years:	Y N 56. FEMALE - taking birth control pills	Pulpose Pulpose							
List all medications, supplements, and/or vitamins taken within the last two years:  Drug Purpose Drug Purpose	Y N 56. FEMALE - taking birth control pills								_
	Y N 56. FEMALE - taking birth control pills								S.
Drug Purpose Drug Purpose	Y N 56. FEMALE - taking birth control pills	LEASE ADVISE US IN THE FUTURE OF ANY CHA	ANG	E IN YOUR ME	EDICAL HISTORY OF	R ANY MEDICA	TIONS YOU MA	/ BE	TAK
Drug Purpose Drug Purpose  Ask for an additional sheet if you are taking more than 7 medications.	Y N 56. FEMALE - taking birth control pills								
Drug Purpose Drug Purpose	Y N 56. FEMALE - taking birth control pills	atient's Signature				DAT	E/		/

Revised 02/04/2016

Please complete reverse side