



**RICHARD HABER DDS
Medical/Dental History**



- Heart Pacemaker
- High Blood Pressure
- Heart Murmur
- Heart Surgery
- Artificial Joint
- Fast, Irregular Heartbeat
- Stroke
- Irritable Bowel

- Hay Fever
- Allergies or Hives
- Diabetes
- Thyroid Disease
- Radiation Treatment
- Chemotherapy
- Arthritis
- Sinus Trouble

- Cold Sores or Fever Blisters
- Epilepsy or Seizures
- Fainting or Dizzy Spells
- Nervousness
- Psychiatric Treatment
- Sickle Cell Disease
- Hemophilia or Anemia
- Depression

25) Do you have a history of any genetic, congenital, or family-type disorder? YES NO

26) Do you have any disease, condition, or problem not listed? YES NO
If yes, please describe here: _____

27) How do you feel about maintaining a healthy mouth? _____

28) How do you feel about the appearance of your teeth? _____

29) If you could change anything about your smile, what would you change? _____

30) If you have a website , please enter it here: _____

To the best of my knowledge, all of the preceding health history answers are true and correct.

Signature: _____ Date: _____
(PATIENT OR GUARDIAN)

Relationship To Patient: _____

MEDICAL HISTORY UPDATE			
Date _____	Initials _____	Date _____	Initials _____
Date _____	Initials _____	Date _____	Initials _____

Patient's Name: _____