Battery Park KIDS PEDIATRIC DENTISTS

375 South End Avenue, Suite B
New York, NY 10280
Call or Text: (212) 786-0930
Fax: (212) 656-1430
E-Mail: contact@batteryparkpediatricdentists.com

Medical History

Does the patient have any of the following conditions?

Condition	Yes	No	Condition	Yes	No	Condition	Yes	No
Heart Disease/Surgery			Artificial Heart Valve			Coronary Stent		
Heart Murmur or Defect			Heart Pacemaker			Excessive Bleeding		
Irregular Heartbeat			Pulmonary Shunt			Sickle Cell Disease		
Angina/Chest Pain			High Blood Pressure			Hemophilia		
Heart Attack/Failure			Low Blood Pressure			Methemoglobinemia		
Congenital Heart Disorder			Bacterial Endocarditis			Leukemia		
Mitral Valve Prolapse			Unexplained Fever			Blood Transfusion		
Scarlet Fever			Bruise Easily			Swelling of Limbs		
Rheumatic Fever			Anemia			Lung Disease		
Shortness of Breath			Frequent Diarrhea			HIV Positive		
Frequent Cough			Diabetes			Drug Addiction		
Sinus Trouble			Excessive Thirst			Cold Sores/Herpes		
Asthma			Hypoglycemia			Stroke		
Tuberculosis			Liver Disease			Epilepsy or Seizures		
Cancer			Hepatitis A (infectious)			Fainting or Dizziness		
Radiation Treatment			Hepatitis B or C			Glaucoma		
Chemotherapy			Kidney Problems			Tumors or Growths		
Osteoporosis			Renal Dialysis			Psychiatric Care		
Bisphosphonates			Thyroid Disease			Alzheimer’s Disease		
Osteonecrosis of Jaw			Parathyroid Disease			Hives or Rash		
GI Disease			Arthritis/Gout			Autism/pdd-nos		
Ulcers			Rheumatism			ADD/ADHD		
Recent Weight Loss			Pain in Jaw Joints			Have you ever been hospitalized?		
STD			Artificial Joint			Have you ever had any surgeries?		
Unexplained Weight Gain/Loss			Premature Birth			Need Premedication?		
Gastric Reflux			Eating Disorder			Ever taken fen-phen?		
Pregnancy			Alcohol Use			Any Syndromes/Congenital Disorders?		

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Has the patient ever had any other serious illness not listed above? If yes, please indicate:

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Is the patient taking any medications, aspirin, vitamins, herbals, pills or drugs? If yes please list them:

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Is the patient allergic to any medications or substances?

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Pharmacy Name & Phone Number:

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