### SIGNIFICANT MEDICAL FINDINGS | DENTAL MANAGEMENT CONSIDERATIONS | DATE
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Record below the number and details of any YES response noted on the Health History, plus details of any YES response to questions A through F.

- **A. yes / no** Cardiovascular
- **B. yes / no** Infectious diseases
- **C. yes / no** Allergy to medicines
- **D. yes / no** Hematologic, bleeding
- **E. yes / no** Medications
- **F. yes / no** Other medical problems not asked?

Date ____________________________  
Doctor’s Signature __________________________________________________________________________________________

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This Health History Interview form is created and maintained by the University of the Pacific, Arthur A. Dugoni School of Dentistry, San Francisco, California. Support for the translation and dissemination of the Health Histories comes from MetLife Dental.