HEALTH HISTORY INTERVIEW

Patient Name:					
SIGNIFICANT MEDICAL FIN	DINGS D	DENTAL MANAGEMENT CONSIDERATIONS			
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. C. yes / no D. yes / no Hematologic, bleeding E. yes / no Medications F. yes / no Other medical problems not asked?				Infectious diseases Allergy to medicines Hematologic, bleeding Medications Other medical	
Date Doctor's	Signature				