



Keystone Rural Health Consortia, Inc.

Johnsonburg Dental Center
81 Clarion Road
Suite # 2
Johnsonburg, PA 15845

Cameron County Dental Center
90 East Second Street
PO Box 270
Emporium, PA 15834

Date: _____

Name: _____

Reason for Visit: _____

Allergies: _____

Do you use tobacco? Yes No

Are you currently pregnant or could be? Yes No

Please mark any current or past medical problems below:

Cardiovascular:

Heart Attack Angina Chest Pain High Blood Pressure Low Blood Pressure
 Stent Rheumatic Fever Arrhythmias Coronary Bypass Pacemaker/Defibrillator
 Heart Murmur Bypass Artificial Heart Valve Other: _____

Respiratory:

Asthma Emphysema Chronic Obstructive Pulmonary Disease Chronic Cough
 Tuberculosis Breathing Difficulties Dysphagia (Difficulty Swallowing)
 Pneumonia or History of Aspiration Pneumonia Other Please Specify: _____

Gastrointestinal:

Ulcers Irritable Bowel Reflux Colitis Hepatitis A Hepatitis B
 Hepatitis C Other Please Specify: _____

Musculoskeletal:

Arthritis Rheumatoid Arthritis Rheumatism Osteo-Arthritis Osteoporosis
 Artificial Joint/Prosthetic Device Other Please Specify: _____

Neurological:

Fainting Dizziness/Light Headed Epilepsy Vertigo Depression Stroke
 Bipolar Seizures Multiple Sclerosis ADHD Parkinson's Disease
 Vision Other Please Specify: _____

Endocrine:

Diabetes-Diet Controlled Diabetes-Controlled by Medications Diabetes-Insulin Dependent
 Hypoglycemia (Low Blood Sugar) Hyperglycemia (High Blood Sugar) Thyroid Gland Disorder
 Adrenal Gland Disorder Hormone Replacement Therapy

Other Please Specify: _____

Immune:

HIV/AIDS Auto-Immune Disorder (Please Specify): _____

Other Please Specify: _____

Do you have a history of cancer (please specify): _____

Have you ever been instructed to premedicate before dental treatments? YES NO

Have you ever taken an oral bisphosphonate? YES NO

If yes please Circle which one of the following:

Actonel Boniva Fosmax Didronel Aredia Zometa Other Please Specify: _____