

MEDICAL HISTORY OF PATIENT

병력란을 상세히 기입해 주십시오

1. Are you in good health? _____ Have you ever been hospitalized?
건강하십니까? _____ 입원하신 일 있습니까? _____

2. Are you under a physician's care now? _____ If so, please give reason for treatment
건강하십니까? _____ 무슨 치료를 받으십니까? _____

Physician's name _____ Telephone _____
의사이름 _____ 전화 _____

3. What medications are you taking at this time?
잡수시는 약은 무엇입니까? _____

4. Please circle any illnesses you have ever had: allergies asthma tuberculosis anemia rheumatic fever liver trouble diabetes
해당사항에 0표 하십시오 알레르기 천식 결핵 빈혈 류마치성열 간장질환 당뇨병
heart trouble high blood pressure kidney trouble jaundice bad blood hepatitis venereal disease other
심장질환 고혈압 콩팥질환 황달 패혈증 간염 성병 기타

5. Are you subject to any nervous disorders, dizzy spells or fainting?
신경질환 _____

6. Have ever had any trouble with prolonged bleeding?
심한 출혈하신 일 있으십니까? _____

7. Have you ever had any unusual reaction to any anesthetics or drugs (like a penicillin)?
치과에서 마취하고 부작용난적 있으십니까? 페니실린 부작용이 있습니까? _____

8. Are you pregnant?
임신 중입니까? _____

9. Is there any other information that should be known about your health?
건강에 대하여 의사로부터 주의 받으신 일이 있으니까? 건강에 대하여 참고 할 만한 사항 있으면 기록하십시오. _____

How were your previous dental visits?
마지막 치과 가신게 언제입니까? _____

MEDICAL HISTORY UPDATE

Has there been any change in your health since your last dental appointment? Yes No

For what conditions? _____

Are you taking any medications? _____ If so, what _____

Date _____ Patient Signature _____

Date _____ Dentist Signature _____

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Has there been any change in your health since your last dental appointment? Yes No

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