

ROUTINE MEDICAL QUESTIONNAIRE (MEN)

YES NO

Have you ever had any of the following	() ()
Heart Disease	() ()
High Blood Pressure	() ()
Liver Disease	
Kidney Disease	() ()
Reactions or allergies to local anesthesia	() ()
Such a those used by a dentist	() ()
Lung Disease	() ()
Bleeding disorders that cause you to bruise	() ()
Easily, have nosebleeds more often than normal	() ()
Fainting spells	() ()
Convulsions	() ()
Syphilis	() ()
Dizzy feelings after heavy exercise or after standing up quickly	() ()
From a lying position	() ()
Diabetes	() ()

Do you take any drugs?
If so, please name them:

Are you allergic to or have you had any “bad reactions” to any drugs?
If so, please name them:

Are you allergic to any substances applied to your skin? () ()

Do cuts on your skin heal with normal scars? () ()

Do you require more “numbing” at the dentist than most people () ()

Name and address of your local family practioner:

Name and address of your dentist:

ROUTINE MEDICAL QUESTIONNAIRE (MEN) Cont.

PLEASE LEAVE THIS SECTION FOR THE DOCTOR TO COMPLETE

	YES	NO
Is your father bald?	()	()
If so, is the width of the remaining hair:		
Narrow	()	()
Wide	()	()
Average	()	()
Or, has the hairline receded?	()	()
Is anyone in your mother's family bald?	()	()
Her brothers	()	()
Her father	()	()
If so, is the width of the remaining rim of hair:		
Narrow	()	()
Wide	()	()
Average	()	()
Or, has the hairline receded?	()	()
Do you have brothers who are bald?	()	()
If so, is the width of the remaining hair:		
Narrow	()	()
Wide	()	()
Average	()	()
Or, has the hairline just receded?	()	()

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