

Name: DAVID MARSH Date of Birth: 1-31-5

Booking #: 920917 ID#: _____ Today's Date: 7-6-11

Are You any of the following?

- 1. Are you in good health? YES: NO:
- 2. Has there been any change in your health in the last year? YES: NO:
- 3. Have you been hospitalized in the last 3 years? YES: NO:
- 4. Have you ever had a broken jaw? YES: NO:
- 5. Have you had trouble with previous dental work? YES: NO:

Have you ever had?

- 1. Chest pain? YES: NO:
- 2. Shortness of breath? YES: NO:
- 3. Recent weight loss, fever, night sweat YES: NO:
- 4. Persistent cough? YES: NO:
- 5. Do you bleed or bruise easily? YES: NO:
- 6. Dizziness or fainting? YES: NO:
- 7. Ringing in your ears? YES: NO:
- 8. Headaches? YES: NO:
- 9. Blurred vision? YES: NO:
- 10. Seizures, convulsions? YES: NO:
- 11. Diabetes? If Yes do you take medication? YES: NO:
- 12. Heart trouble, heart attack, heart defect, heart murmur, artificial valve? YES: NO:
- 13. History of Rheumatic fever? YES: NO:
- 14. Stroke? YES: NO:
- 15. Tuberculosis? YES: NO:
- 16. Emphysema, asthma, other breathing difficulty? YES: NO:
- 17. Stomach problems? YES: NO:
- 18. Cancer, tumors, Radiation therapy? Chemotherapy? YES: NO: 5 years ago
- 19. Arthritis, rheumatism? YES: NO:
- 20. Anemia? YES: NO:
- 21. Venereal disease? HIV? AIDS? Syphilis, gonorrhea, herpes? YES: NO: Hepatitis C
- 22. Blood transfusions? YES: NO:
- 23. Pacemaker? Heart surgery? YES: NO:
- 24. Have you used any drugs or alcohol in the last 72 hours? YES: NO:
- 25. History of IV drug abuse? Share Needles? YES: NO:
- 26. Are you having withdrawal symptoms now? YES: NO: SUBOXONAL
- 27. Are you pregnant (female only)? YES: NO:
- 28. What medications are you currently using? List: NO
Aspirin? Blood thinners? YES: NO: ASPIRIN
- 29. Kidney problems / kidney disease? YES: NO: Kidney only A
- 30. Do you have or have you had any other medical problem not listed above? YES: NO:
Chronic pain, Fibromyalgia, pain attacks, stiffness

Patient Signature: [Signature]
Date: 07-06-2011

Dentist: ARTURO GERVANTES, D.D.S.