Practice of
Charles R. Fields D.M.D., P.C.

HEALTH QUESTIONNAIRE - *CONFIDENTIAL*

Date _____ vers 06/15

Name: _____Date of Birth: (month / day/ year) _____

Personal Physician's Name _____ Physician's phone #: (_____)

List of Current Medications (including any herbals / homeopathic remedies:

_____ _____ _____

_____ _____ _____

Known Drug Allergies and Hypersensitivities: (Mark all that apply)

Penicillins (amoxicillin / ampicillin etc) Tetracyclines Erythromycin other _____

Codeine / Demerol Aspirin (and related NSAIDs / ibuprofen / naproxen) Local Anesthetics (lidocaine, novocaine)

Latex Products Other Drugs _____

Medical Conditions / Diagnoses: (Mark all that apply, current **and** past)

Heart Disease Heart Attack Congestive Heart Failure Angina Anemia

Heart Murmur Rheumatic or Scarlet Fever Stroke Prosthetic Heart Valve Pacemaker

Liver Problems Abnormal Bleeding Hemophilia Asthma High Blood Pressure

Emphysema Tuberculosis Sinus Problems HIV/AIDS Diabetes *(type 1 or 2? _____)*

Hepatitis *(type?_____)* Kidney Problems Thyroid Disorders Stomach Ulcers

Epilepsy / Seizures Cancer Treatment MRSA

Osteoporosis/Osteopenia *(I have taken bisphosphonate drugs recently Y or N _____)*

Alcohol or Substance Abuse Prosthetic Joint *(date placed _____)* Current Smoker (packs per day _____)

Other Diagnosed Conditions _____

Women : Currently Pregnant? Y / N _____ weeks Currently Breast Feeding? Y / N

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***Pursuant to Virginia Code s32.1-45.1,** we are required to give you the following notice: "If one of our employees should be directly exposed to your blood or body fluids in a way that may transmit disease, your blood will be tested for possible infectious microorganisms. You will be informed of the result."*

I hereby attest: to comprehending English, to the validity of the above information, that it is my responsibility to inform us of any changes. I have been offered a copy of the HIPAA privacy policy; I have been made aware of the Virginia law pertaining to exposure incidents.

Signature _____ (Dr. Fields' initials _____)
(Patient, parent or guardian)