

# Gary D. Salomon, MD

Health Information			
Do you have any allergies to medications (list)			
Do you have any medical problems/conditions (list)			
Have you had surgery/anesthesia before (list)		Have you had anesthesia at the dentist before	
		YES	NO
Are you taking any medications (list)			
Do you have a medical doctor			
		YES	NO
Physician Name/Referido Por:			
Physician's Address/Direccion:		Physician's City/Cuidad:	
Are you seeing any Physician/Psychiatrist/Counselor			
		YES	NO
Physician/Psychiatrist Name/Referido Pro:			
Physician/Psychiatrist Address/Direccion:		Physician/Psychiatrist City/Ciudad:	
Medical History			
<b>Check the appropriate line if you have any of the following medical conditions.</b>			
Condition	Yes	No	Comments:
Diabetes			
Heart Disease			
Bleeding Problems			
Breathing/Lung Problems			
High Blood Pressure			
Arthritis			
Thyroid Problems			
Asthma			
Urine Problems			
Bowel Disorders			
Ulcers or Gastritis			
Recent Cough, Fever, Sore Throat			
Recent Weight Loss/Gain			
Do you take Aspirin or Anti-inflammatory medication?			
Do you smoke? How often?			
Do you drink alcohol? How often?			
Name of the person who referred you to our office			
Name, Address, Telephone of an Emergency Contact			

I certify that this information is true and correct as I know it to be

Signed: \_\_\_\_\_

Date: \_\_\_\_\_