Anthony B. Rainwater, D.D.S., M.S.

Health History

What is your chief complaint? _____

Are you currently under the care of a physician? _____

Physician's Name _____

Do you have or have you ever had any of the following?

____ Heart Disease
____ Heart Attack
____ High Blood Pressure
____ Heart Murmur
____ Rheumatic Fever
____ Mitral Valve Prolapse
____ Shortness of Breath
____ Chest Pains
____ Liver Problems
____ Hepatitis
____ Thyroid Disease
____ Tuberculosis
____ Severe Headaches
____ Seizures
____ Stomach Ulcers
____ Kidney Problems
____ Cancer

____ Radiation Chemotherapy
____ Psychiatric Care
____ Fainting Tendency
____ HIV/AIDS
____ Hip/Joint Replacement
____ Lung Problems/Asthma
____ Sinus Problems
____ Glaucoma
____ Diabetes
____ Anemia
____ Bleeding Problems
____ Systemic Lupus
____ Latex/Rubber Allergy
____ Treatment with Steroids
____ Organ Transplant
____ Currently Pregnant
____ Other

Do you have any other medical problems not listed above?

_____

Are you allergic to any medications?

_____

Please list all medications you are taking at this time.

_____

The above information is true to the best of my knowledge.

Patient: _____ Date: _____