PATIENT HEALTH RECORD

GIBBS M. PREVOST, JR., D.D.S. • 4717 Papermill Rd • Knoxville, TN 37909

To help us render the proper dental services to you, please be kind enough to answer the following questions. Thank you.

DATE OF BIRTH: SEX: HEIGHT: WEIGHT: OCCUPATION: 1. How is your general health? EXCELLENT GOOD FAIR POOR 2. Name and Address of Physician:	DATE:	NAME:						PHONE:		
1. How is your general health? EXCELLENT GOOD FAIR POOR 2. Name and Address of Physician:			(LAST)		(MIDDLE)	,	,			
2. Name and Address of Physician:						: OC	CUPATION:			
3. Last Complete Physical?										
4. Please list all medications and dosages you are now taking. 5. Do you have any prosthetic joints (artificial hip, knee, etc.)? 6. Please check the appropriate boxes: Have you are all blod by ou have immune (aderans) system problemes? PYES NO Please describe: Do you wear a heart transition? Do you wear a heart pacemaker? Do you use any form of tobacco? Types NO Please describe: Have you ever been transition? YES NO Have you ever been transition? Please describe: The diadot unitation? YES NO Have you been teated YES NO Are you upregnant? YES NO Are you subject to training spells? YES NO Are you subject to prolonged bleading? YES NO 7. Are you allegic to any How long? CODEINE LOCAL INJECTED ANESTHETICS LATEX 8. Have you ever been treated for: Are you subject to prolonged bleader YES NO Are you subject to prolonged bleader YES NO Arefuel Joint YES NO Congenital Heart Lesions YES NO Are you subject to prolonged bleader YES NO Arefuel Joint YES <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>										
5. Do you have any prosthetic joints (artificial hip, knee, etc.)? 6. Please check the appropriate boxes: Have you had a blood transfusion? YES NO Do you ware a heart pacemaker? Do you use any form of transfusion? VES NO Da you have immune (defined) system YES NO Have you ever been diginificant amounts of weight in the last year? YES NO Can you donate blood? YES NO Do you have excessive in rot, win not? YES NO Have you ever been diginificant amounts of weight in the last year? YES NO Are you allergic to any medication?										
6. Please check the appropriate boxes: Have you had a blood Teaching Set in the inst year intervence in the inst year intervence in the inst year intervence inter	4. Please list all me	dications and dosages	you are now ta	king						
Have you bad a blood YES NO pacemaker? YES NO pacemaker? YES NO Have you ever been tobacco? YES NO Paces describe:	5. Do you have any	prosthetic joints (artific	cial hip, knee, e	tc.)?						
transluon? VES NO pacemaker? VES NO tobacc? VES NO Have you ever been treated with x-ray, other VES NO Have you ever been treated with x-ray, other VES NO Have you lost or gained significant amounts of weight in the last year? VES NO Have you or donate blocd? VES NO Have you or donate blocd? VES NO Have you ever been treated with x-ray, other VES NO the action of the last year? VES NO Have years weight in the last year? VES NO Have you been tested or thirst and/or unitarian? VES NO Have you been tested ? VES NO Have you been tested or thirst and/or unitarian? VES NO Have you been tested ? VES NO Have you been tested for: Are you pregnant? VES NO Congenital Heart Lesions VES NO Have provide the prolonged bleeding? VES NO Anomal NES NO Anomal Blood Pressure VES NO Remains of WES NO Anomal Blood Pressure VES NO Anomal PES NO Abnormal Blood Pressure VES NO Anomal Slow PES NO Anomal Blood Pressure VES NO Any Blood Disease VES NO Artificial Heart Valve VES NO Any Blood Disease VES NO Stroke VES NO ARC (AIDS-Related Complex) VES NO Heart Murmur VES NO Heart Murmur VES NO Hours VES NO Ance (AIDS-Related Complex) VES NO Heart Murmur VES NO Have the intestinal Disease VES NO Artificial Heart Valve VES NO Heart Murmur VES NO Heart Murmur VES NO Hours VES NO Arthriftical VES NO Asthma or Hay Fever VES NO Alaundice VES NO Heart Murmur VES NO Heart Murmur VES NO Heart Murmur VES NO Hart No NO Hart Murmur VES NO Hart Murmur VES NO Hart Murmur VES	6. Please check the	appropriate boxes:								
(defense) system YES NO Frake you ever been YES NO Please describe:	transfusion?	YES NO		-						
If not, why not? thirst and/or urination? for AIDS? for AIDS? Are you subject to How long? Are you subject to raining speils? Are you subject to prolonged bleeding? VES NO 7. Are you allergic to any medication?	(defense) system problems?	YES NO		treate	ed with x-ray, other	YES NO		significant amounts of		
No you preginality YES NO Prof you support to faithing spells? YES NO Prof you support to faithing spells? YES NO 7. Are you allergic to any medication?	Can you donate bloc If not, why r	od? YES NO not?		,		YES NO		-	YES NO	
PENICILLIN CODEINE LOCAL INJECTED ANESTHETICS LATEX 8. Have you ever been treated for: AIDS YES NO Congenital Heart Lesions YES NO Heart Disease YES NO Anemia YES NO Abnormal Blood Pressure YES NO Rheumatic Fever YES NO Artificial Joint YES NO Tuberculosis or Lung Disease YES NO Any Blood Disease YES NO Cough YES NO Pacemaker YES NO Any Blood Disease YES NO Cough YES NO ARC (AIDS-Related Complex) YES NO Heart Murmur YES NO Stroke YES NO Artificial Heart Valve YES NO Thyroid Disease YES NO Ulcers YES NO Asthma or Hay Fever YES NO Sinus Trouble YES NO Epilepsy YES NO Asthma or Hay Fever YES NO Giaucoma YES NO Arthritis YES NO Angeriatrony					•	YES NO				
AIDS YES NO Congenital Heart Lesions YES NO Heart Disease YES NO Anemia YES NO Abnormal Blood Pressure YES NO Rheumatic Fever YES NO Artificial Joint YES NO Tuberculosis or Lung Disease YES NO Any Blood Disease YES NO Cough YES NO Pacemaker YES NO Cancer YES NO Stroke YES NO ARC (AIDS-Related Complex) YES NO Heart Murmur YES NO Kidney Problems YES NO Artificial Heart Valve YES NO Thyroid Disease YES NO Ulcers YES NO Astima or Hay Fever YES NO Jaundice YES NO Epilepsy YES NO Astima or Hay Fever YES NO Heart Attack/Failure YES NO Irregular Heartbeat YES NO Any Liver Disease YES NO Heart Murmur YES NO Diabetes <td< td=""><td colspan="10"></td></td<>										
Anemia YES NO Abormal Blood Pressure YES NO Rheumatic Fever YES NO Artificial Joint YES NO Tuberculosis or Lung Disease YES NO Any Blood Disease YES NO Cough YES NO Pacemaker YES NO Cancer YES NO Stroke YES NO ARC (AIDS-Related Complex) YES NO Heart Murmur YES NO Kidney Problems YES NO Artificial Heart Valve YES NO Thyroid Disease YES NO Ulcers YES NO Astima or Intestinal Disease YES NO Jaundice YES NO Epilepsy YES NO Astima or Intestinal Disease YES NO Sinus Trouble YES NO Irregular Heartbeat YES NO Mitral Valve Prolapse YES NO Heart Attack/Failure YES NO Diabetes YES NO Respiratory Disease (C.O.P.D.) YES NO Hepatitis A B C 9. What is	8. Have you ever b	peen treated for:								
Anemia YES NO Abormal Blood Pressure YES NO Rheumatic Fever YES NO Artificial Joint YES NO Tuberculosis or Lung Disease YES NO Any Blood Disease YES NO Cough YES NO Pacemaker YES NO Cancer YES NO Stroke YES NO ARC (AIDS-Related Complex) YES NO Heart Murmur YES NO Kidney Problems YES NO Artificial Heart Valve YES NO Thyroid Disease YES NO Ulcers YES NO Asthma or Intestinal Disease YES NO Jaundice YES NO Epilepsy YES NO Asthma or Intestinal Disease YES NO Sinus Trouble YES NO Irregular Heartbeat YES NO Mitral Valve Prolapse YES NO Heart Attack/Failure YES NO Diabetes YES NO Ang Liver Disease (C.O.P.D.) YES NO Hepatitis A B C S	AIDS		Conger	iital Heart Lesic	ons 🗌 YI	ES 🗌 NO	He	art Disease		
Cough YES NO Pacemaker YES NO Cancer YES NO Stroke YES NO ARC (AIDS-Related Complex) YES NO Heart Murmur YES NO Kidney Problems YES NO Artificial Heart Valve YES NO Thyroid Disease YES NO Ulcers YES NO Stomach or Intestinal Disease YES NO Jaundice YES NO Epilepsy YES NO Asthma or Hay Fever YES NO Sinus Trouble YES NO Irregular Heartbeat YES NO Mitral Valve Prolapse YES NO Heart Attack/Failure YES NO Arthritis YES NO Any Liver Disease YES NO Glaucoma YES NO Diabetes YES NO Respiratory Disease (C.O.P.D.) YES NO Hepatitis A B C 9. What is your blood pressure?	Anemia		-				Rh			
Cough YES NO Pacemaker YES NO Cancer YES NO Stroke YES NO ARC (AIDS-Related Complex) YES NO Heart Murmur YES NO Kidney Problems YES NO Artificial Heart Valve YES NO Thyroid Disease YES NO Ulcers YES NO Stomach or Intestinal Disease YES NO Jaundice YES NO Epilepsy YES NO Asthma or Hay Fever YES NO Sinus Trouble YES NO Irregular Heartbeat YES NO Mitral Valve Prolapse YES NO Heart Attack/Failure YES NO Arthritis YES NO Any Liver Disease YES NO Glaucoma YES NO Diabetes YES NO Respiratory Disease (C.O.P.D.) YES NO Heart Mitrack/Failure YES NO 9. What is your blood pressure?	Artificlal Joint		Tuberci	losis or Lung D	Disease		An	y Blood Disease		
Stroke YES NO ARC (AIDS-Related Complex) YES NO Heart Murmur YES NO Kidney Problems YES NO Artificial Heart Valve YES NO Thyroid Disease YES NO Ulcers YES NO Stomach or Intestinal Disease YES NO Jaundice YES NO Epilepsy YES NO Asthma or Hay Fever YES NO Sinus Trouble YES NO Irregular Heartbeat YES NO Mitral Valve Prolapse YES NO Heart Attack/Failure YES NO Arthritis YES NO Any Liver Disease YES NO Heat Attack/Failure YES NO Diabetes YES NO Any Liver Disease (C.O.P.D.) YES NO Heatitis A B C 9. What is your blood pressure?	Cough			-	_					
Ulcers YES NO Stomach or Intestinal Disease YES NO Epilepsy YES NO Asthma or Hay Fever YES NO Sinus Trouble YES NO Irregular Heartbeat YES NO Mitral Valve Prolapse YES NO Heart Attack/Failure YES NO Arthritis YES NO Any Liver Disease YES NO Glaucoma YES NO Diabetes YES NO Respiratory Disease (C.O.P.D.) YES NO Hepatitis A B C 9. What is your blood pressure?	Stroke		ARC (A	IDS-Related Co	omplex) 🗌 YI	ES 🗌 NO	He	art Murmur	YES 🗌 NO	
Epilepsy YES NO Asthma or Hay Fever YES NO Sinus Trouble YES NO Irregular Heartbeat YES NO Mitral Valve Prolapse YES NO Heart Attack/Failure YES NO Arthritis YES NO Any Liver Disease YES NO Glaucoma YES NO Diabetes YES NO Respiratory Disease (C.O.P.D.) YES NO Hepatitis A B C 9. What is your blood pressure?	Kidney Problems		Artificia	Heart Valve	□ YI	ES 🗌 NO	Th	yroid Disease	YES 🗌 NO	
Irregular Heartbeat YES NO Mitral Valve Prolapse YES NO Heart Attack/Failure YES NO Arthritis YES NO Any Liver Disease YES NO Glaucoma YES NO Diabetes YES NO Respiratory Disease (C.O.P.D.) YES NO Hepatitis A B C 9. What is your blood pressure?	Ulcers		Stomac	h or Intestinal [Disease 🗌 YI	ES 🗌 NO	Ja	undice	YES 🗌 NO	
Arthritis YES NO Any Liver Disease YES NO Glaucoma YES NO Diabetes YES NO Respiratory Disease (C.O.P.D.) YES NO Hepatitis A B C 9. What is your blood pressure?	Epilepsy		Asthma	or Hay Fever		ES 🗌 NO	Sir	nus Trouble	YES NO	
Diabetes YES NO Respiratory Disease (C.O.P.D.) YES NO Hepatitis A B C 9. What is your blood pressure?	Irregular Heartbeat		Mitral V	alve Prolapse		ES 🗌 NO	He	art Attack/Failure	YES NO	
9. What is your blood pressure?	Arthritis		Any Liv	er Disease		ES 🗌 NO	Gla	aucoma	YES 🗌 NO	
10. Please list all major surgeries or operations you have had.	Diabetes		Respira	tory Disease (0	C.O.P.D.) 🗌 YI	ES 🗌 NO	He	patitis	A B C	
I hereby certify that the health information given on this form is complete and correct to the best of my knowledge. Signature: Date: Date: LEAVE THE FOLLOWING STATEMENT UNSIGNED WHEN FIRST COMPLETING THE FORM. I certify that the updated information on this form is complete and correct. Signature: Date:	9. What is your bloo	d pressure?								
Signature:	10. Please list all ma	jor surgeries or operat	ions you have ł	ad						
Witness:	I hereby certify that t	he health information g	given on this for	m is complete a	and correct to the b	est of my knowled	lge.			
LEAVE THE FOLLOWING STATEMENT UNSIGNED WHEN FIRST COMPLETING THE FORM. I certify that the updated information on this form is complete and correct. Signature: Date:	Signature:						[Date:		
I certify that the updated information on this form is complete and correct. Signature: Date:	Witness: [Date:		
						RM.				
Witness: Date:	Signature:							Date:		
	Witness:							Date:		