## HARBOR SQUARE DENTAL Nicole Serra, DDS & Amy Winter, DDS (425) 778-7477

Please circle if you have or have had any of the following:  HEART Heart Attack Hay fever Seizures Heart Surgery Heart Murmur Skin rashes History of head injury Hoyocid disorder Howell History Hokell History Hoperunds'severe Eating disorder Huberculosis Hepatitis A Hepat	
Physician's Name	
Have you ever been advised to take antibiotics prior to a dental cleaning? YES NO  Please circle if you have or have had any of the following:  HEART  ALLERGY  Hay fever  Seizures  Seizures  Autoimmune disc Seizures  Fillepsy  Stroke History of head injury Other:  Thyroid disorder Tuberculosis Hepatitis A Hepatitis A Hepatitis B or C Liver disease Urinate more than 6x/day Thirsty frequently Controlled with medication Thirsty frequently Controlled with medication Thyroid disorder Tuberculosis Hepatitis A Hepatitis B or C Liver disease Other STDs HIV positive/ AID: Glaucoma Alcoholism Drug Addiction Smoke pa Behavioral Disord Special Needs Issi	
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Back/Neck Pain In Remission Behavioral Disord Joint replacement Chemotherapy Special Needs Issu	acks a day
Joint replacement Chemotherapy Special Needs Issu	der
	ues
Have you been hospitalized for any reason within the last year? <b>YES NO</b> If yes please describe	
Do you have allergies to any of the following? Please circle:	
Antibiotics Aspirin Barbiturates Codeine Iodine Latex Local Anesthetic Sulfa Other	
Please describe your reaction:	
WOMEN:  Are you pregnant? YES NO Due Date: Are you nursing? YES NO  Are you taking birth control pills? YES NO  (Please note that some antibiotics may interfere with the effectiveness of birth control pills and a second form of birth control should be used If antibiotics are presented.)	scribed).
To the best of my knowledge, all the preceding answers are correct. If I have any changes in my health medicines change, I shall inform the dentist and staff at the next appointment without fail.	າ status or if r
Patient Signature DateProvider Initials	