

William R. Gillette, D.D.S. • Eric J. Hayhurst, D.D.S. 421 Stimpson (U.S. 31) • P.O. Box 275 • Pellston, MI 49769 • (231) 539-8467 • FAX (231) 539-8466

Health Information			
Name: Reason for this visit:			
Have you ever had an AIDS Allergies Anemia Arthritis Artificial Joints Asthma Blood Disease Cancer Diabetes	y of the following? Please check  Excessive Bleeding  Fainting  Glaucoma  Growths  Hay Fever  Head Injuries  Heart Disease  Heart Murmur  Hepatitis  High Blood Pressure	those that apply:  □ Liver Disease □ Mental Disorders □ Nervous Disorders □ Pacemaker □ Pregnancy □ Due date: □ Radiation Treatment □ Respiratory Problems □ Rheumatic Fever □ Rheumatism	☐ Stroke ☐ Tuberculosis ☐ Tumors ☐ Ulcers ☐ Venereal Disease ☐ Codeine Allergy ☐ Penicillin Allergy OTHER: ☐
□ Dizziness	☐ Jaundice ☐ Kidney Disease	☐ Sinus Problems ☐ Stomach Problems	
<ul> <li>□ Epilepsy □ Kidney Disease □ Stomach Problems</li> <li>• Have you ever had any complications following dental treatment? □ Yes □ No</li></ul>			
If yes, please explai	n:		
Name of Physician: Phone:			
If yes, please explai	Ith problems that need further clarifing:		
To the best of my know any change in my healt	rledge, all of the preceding answers h, I will inform the doctors at the nex	and information provided are to at appointment without fail.	ue and correct. It i ever have
Cincolner of actions according	t or quardian	Date:	
Signature of patient, parent	or guardian		
For Office Use Only:			
Blood Pressure:			
<u>Date</u>	Change In Health Histor	У	<u>Signature</u>