GREENWICH DENTAL GROUP

DAVID A. **ZADIK** DDS AND ASSOCIATES

COSMETIC, GENERAL AND IMPLANT DENTISTRY

Health Information

Please list any medications taken, and indicate all allergies you have:

Have you ever had any of the following? Please check all that apply:

- ☐ AIDS/HIV+
- ☐ Anemia
- ☐ Asthma
- ☐ Cancer/Tumors
- ☐ X-Ray Treatments
- ☐ IV Bisphosphonate
- ☐ Congestive Heart Failure
- ☐ Dizziness/Fainting
- ☐ Excessive Bleeding
- ☐ Head Injuries
- ☐ Hepatitis (A)(B)(C)
- ☐ Jaundice
- ☐ Kidney Disease
- ☐ Mental/Nervous Disorders
- ☐ Pregnancy Due Date _____
- ☐ Respiratory Problems
- ☐ Sinus Problems
- ☐ Stroke
- ☐ Tuberculosis
- ☐ Allergies/Hayfever
- ☐ Arthritis/Rheumatism
- ☐ Blood Disease
- ☐ Chemotherapy
- ☐ Osteoporosis
- ☐ Zometa/Aredia Treatment
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Glaucoma
- ☐ Heart Murmur/Mitral Valve Prolapse/Heart Disease
- ☐ High Blood Pressure
- ☐ Joint Replacement/pins Date_____
- ☐ Liver Disease
- ☐ Pacemaker
- ☐ Radiation Treatment
- ☐ Rheumatic Fever
- ☐ Stomach Problems/Ulcers
- ☐ Smoker QTY_____
- ☐ Venereal Disease