MEDICAL HISTORY CHECKLIST	Neurologic Problems			REVIEW OF SYSTEMS CHECKLIST	
	□ St	roke/TIA/Min	i-stroke		
Respiratory Problems	\Box M	ultiple scleros	sis	HEEN ⁻	
☐ Asthma	□ Ep	oilepsy/Seizui	re disorder		Tinnitus ("ringing in ears")
☐ Tuberculosis	□ Ne	europathy/Ne	uropathic pain		Ear pain
□ Sleep apnea	Additio	nal info:			Ear discharge
□ Bronchitis/Emphysema/COPD					Vertigo ("dizziness")
Additional info:	Endocrine I	Problems			Rhinorrhea ("runny nose")
	□ Diabetes				Epistaxis ("nose bleeds")
Hematologic Problems		_ ···j····			Mouth sores
□ Anemia	Additional info:				Headache
☐ Sickle cell disease/trait					Blurry vision/Double vision
☐ HIV disease/AIDS	Other Problems				Vision changes
□ Bleeding disorders (e.g. hemophilia)	☐ Renal/Kidney disease or dialysis				Numbness/Tingling
☐ Leukemia/lymphoma	□ Organ transplant				Dysphagia ("difficulty swallowing")
 Coumadin/warfarin treatment (blood 	□ Cancer				
thinners)	□ Ra	 Radiation/Chemotherapy treatment 			С
Additional info:	☐ Arthritis				Chest pain/heart palpitations
	 Artificial joint (joint replacement) 				Exercise intolerance
Cardiovascular Problems	 Use/used a bisphosphonate 				Claudication ("leg cramps/pain")
☐ High blood pressure/Hypertension	medication for osteoporosis or cancer				
☐ Angina/Chest pain	treatment			Respir	atory
☐ Heart attach/Myocardial infarction	Additional info:				Cough
□ Prosthetic (artificial) valve				Dyspnea ("shortness of breath")	
☐ Congestive heart failure	N (D	MEDICAT			Wheezing
☐ Heart bypass or stent surgery	Name/Dosage	Classification	<u>Dental Implications</u>	GI	
□ Pacemaker/Defibrillator					Nausea/Vomiting
 Infective endocarditis 					Diarrhea
Additional info:					Heart burn
					Bowel changes
Gastrointestinal Problems				Hemat	ologic
☐ Hepatitis/Jaundice					Fatigue
□ Liver disease		 			Bruising
☐ GERD/Reflux/Ulcers					Infections
Additional info:					Lymphadenopathy ("swollen glands")
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