Anthony B. Rainwater, D.D.S., MS

Health History

What is your chief complaint? _____

Are you currently under the care of a physician? _____

Physician's Name _____

Do you have or have you ever had any of the following?

___ Heart Disease
___ Heart Attack
___ High Blood Pressure
___ Heart Murmur
___ Rheumatic Fever
___ Mitral Valve Prolapse
___ Shortness of Breath
___ Chest Pains
___ Liver Problems
___ Hepatitis
___ Thyroid Disease
___ Tuberculosis
___ Severe Headaches
___ Seizures
___ Stomach Ulcers
___ Kidney Problems
___ Cancer
___ Radiation Chemotherapy
___ Psychiatric Care
___ Fainting tendency
___ HIV/AIDS
___ Hip/Joint Replacement
___ Lung Problems/Asthma
___ Sinus Problems
___ Glaucoma
___ Diabetes
___ Anemia
___ Bleeding Problems
___ Systemic Lupus
___ Latex/Rubber Allergy
___ Treatment with steroids
___ Organ Transplant
___ Currently pregnant
___ Other

Do you have any other medical problems not listed above?

_____

Are you allergic to any medication?

_____

Please list all medication you are taking at this time.

_____

The above information is true to the best of my knowledge. I have also had the opportunity to review the Notice of Privacy Practices.

Patient: _____ Date: _____