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Medical History

Patient Name: _____
Last First MI Preferred Name

Do you smoke or use tobacco? Yes No

How many years have you smoked or used tobacco? _____

How many packs a day do you smoke? _____

Have you ever smoked or used tobacco? Yes No

When did you quit? _____

Female: Do you take Birth Control Pills? Yes No

Female: Are you pregnant? Yes No

Female: Are you nursing? Yes No

Have you in the past or currently taken medication for osteoporosis, osteopenia, bone cancer, or post-meopausal Bone Loss?

Yes No

If yes, what medication was taken and how long?

Are you allergic to any medications? Please note type of reaction

Please list all medications and amounts you are taking including vitamins, supplements, and herbs.

Please check all that apply to you:

Heart:

- High Blood Pressure Heart Disease Heart Murmur Pacemaker High Cholesterol

Notes:

Lungs:

- Asthma COPD/Ephysema Sleep Apnea Respiratory Problems Sinus Problems

Notes:

Brain & Nerves:

- Dizzines Fainting Epilepsy Stroke/TIA Head Injuries Nervous Disorders
 Alzheimers/Dementi
a Glaucoma

Notes:

Blood:

- Anemia Excessive bleeding Blood Diseases

Notes:

Endocrine:

- Diabetes Thyroid Disease

Notes:

Kidney Disease:

- Kidney Disease

Notes:

Stomach & Intestines:

- Liver Disease Hepatitis Jaundice Stomach Disorders Ulcers GERD/Acid Reflux

Notes:

Muscle & Skeleton:

- Arthritis Rheumatic Arthritis Rheumatic Fever Artificial Joints

Notes:

Psychiatric Disease:

- Depression Anxiety Other Mental Disorders

Notes:

Cancer:

- Cancer Benign Tumors Chemotherapy Radiation Treatment

Notes:

Skin/Connective Tissue:

- Skin disorders

Notes:

Infectious Diseases:

- HIV/AIDS Tuberculosis Cold Sores/Herpes Venereal Diseases

Notes:

Are you under a physicians care? Yes No

If yes, please list name and contact information.

Have you ever been hospitalized or had a major operation? Yes No

If yes, please explain:

Is there any additional medical information you need to provide or disease, condition, or problem that was not covered above?

* To the best of my knowledge, I have answered every question completely and accurately. I understand that this information will be

Response Date: ___/___/___