Northwell Health Physician Partners | Westchester Health

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325 South Highland Avenue
Briarcliff, Manor, NY 10510

Patient Name:____ DOB:_______________ Date:_______________

MEDICAL HISTORY

HAVE YOU EVER BEEN DIAGNOSED OR TREATED FOR? Please circle (description) and use checklist

Disease of Heart, Heart Valve, Irregular Heart Beat---Yes___No___
Kidney or Genitourinary tract disease-- Yes___No___
Cancer (type) or Hematologic (blood disease) --- Yes___No___
High Blood Pressure or Lung Disease-- Yes___No___
Diabetes, Thyroid, or other Endocrine disease--Yes___No___
Arthritis, Bone disease, or artificial joint-- Yes___No___
Gastrointestinal Disease (stomach, colon, liver, etc.)---Yes___No___
Neurological disease or stroke, Psychiatric or Emotional Disorder------------------------------ Yes___No___
Infectious disease or other diseases-- Yes___No___
Have you ever had major surgery? If so, what type? --- Yes___No___
Have you ever had difficulty with the healing of wounds-- Yes___No___
Have you ever had Keloids, Bad Scars or Excessive Bleeding? ---------------------------------- Yes___No___
Have you ever had X-ray therapy, or Grenz ray treatment? ------------------------------------- Yes___No___
Do you take antibiotic prophylaxis prior to dental work? --- Yes___No___

DO YOU HAVE A HISTORY OF?		IS THERE A FAMILY HISTORY OF?	
Allergies	Yes__No__	Allergies	Yes___No___
Asthma	Yes__No__	Asthma	Yes___No___
Hay fever	Yes__No__	Hay fever	Yes___No___
Hives	Yes__No__	Hives	Yes___No___
Eczema	Yes__No__	Eczema	Yes___No___
Psoriasis	Yes__No__	Psoriasis	Yes___No___
Skin Cancer	Yes__No__	Skin Cancer	Yes___No___
Acne	Yes__No__	Acne	Yes___No___

Other skin disorders:____ Yes___No___
Are you ALLERGIC to Xylocaine, Novacaine, or Epinephrine?_________________________ Yes___No___
Are you PREGNANT or NURSING?____ Yes___No___
Pleases list all MEDICATIONS and dosage: ____
____
Are you ALLERGIC to any MEDICATIONS? ______________________________________ Yes___No___
Please list: ____
SIGNATURE: ____
(Parent or Guardian if patient is a minor) (Relationship to Patient)