DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

GOVERNMENT OF GUAM

MEDICAL HISTORY AND CONSENT FOR GUAM GERIATRIC DENTAL PROGRAM

DATE:					
LAST FIR		T MIDDLE			
ESS:					
NUMBER AND STREET		VILL	VILLAGE		
PHONE #: HOME		WORK			
	_ S.S. #				
ICIAN'S NAME:					
SE ANSWER EACH QUESTION			CHECK <u>Yes</u>	ONE <u>No</u>	
Are you currently under the ca Are you taking any medications	re of a p	hysician?			
or any other drugs or medicati	on?	• • • • • • • • • • • • • • • • • • • •		\Box	
				\Box	
Heart Trouble Heart Murmur Rheumatic Fever High Blood Pressure Stroke Anemia or Low Blood Diabetes Kidney Disease		\$ 8 E			
	ESS: NUMBER AND STRE PHONE #: HOME OF BIRTH: ICIAN'S NAME: SE ANSWER EACH QUESTION Have you ever been hospitalize Are you currently under the call Are you taking any medications Are you allergic to penicilling or any other drugs or medication Have you ever had excessive blusted previous extractions, surgery, Check any of the following whith I Heart Trouble Theart Murmur Rheumatic Fever High Blood Pressure Stroke Anemia or Low Blood Diabetes	LAST FIRS ESS: NUMBER AND STREET PHONE #: HOME OF BIRTH: S.S. # ICIAN'S NAME: SE ANSWER EACH QUESTION Have you ever been hospitalized? Are you currently under the care of a pi Are you taking any medications now? Are you allergic to penicillin, aspirin or any other drugs or medication? Have you ever had excessive bleeding asprevious extractions, surgery, or traum. Check any of the following which you have the following which	ESS: NUMBER AND STREET NUMBER	ESS: NUMBER AND STREET NUMBER NORK OF BIRTH: S.S. #: ICIAN'S NAME: SE ANSWER EACH QUESTION CHECK Yes Have you ever been hospitalized? Are you currently under the care of a physician? Are you taking any medications now? Are you allergic to penicillin, aspirin, codeine, novocaine, or any other drugs or medication? Have you ever had excessive bleeding associated with previous extractions, surgery, or trauma? Check any of the following which you have had: Heart Trouble Heart Murmur Rheumatic Fever Rheumatic Fever High Blood Pressure Stroke Hepatitis Anemia or Low Blood Diabetes Filest VILLAGE WORK Ves Yes TALL TALL TALL TALL TALL TALL TOTAL TOTAL	

Please read the following and them sign.

I have voluntarily reported to a Department of Public Health and Social Services Dental Clinic seeking immediate relief of dental pain and toothache on an emergency basis.

I have discussed my dental problem with a dentist and do consent to the treatment recommended to relieve my discomfort.

SIGNATURE