GERIATRIC DENTAL GROUP

A CHARITABLE NON PROFIT ORGANIZATION

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Health History

Do you have any of the following diseases or problem:
Please circle DK if you do not know the answer to the question

Active Tuberculosis	Yes	No	DK
Persistent cough that lasts more than 3-weeks	Yes	No	DK
Cough that produces blood	Yes	No	DK
Been exposed to anyone tuberculosis	Yes	No	DK

If you answered yes to any of the items above, please stop and speak with front desk.

Have you taken or do you currently take **Fosamax** or **Actonel** for osteoporosis or Paget's disease?	Yes	No	DK
Have you ever had an orthopedic total joint replacement? This includes hip, knee, elbow, finger.	Yes	No	DK

If yes, when? _____
Any complications?_____

_____

_____

Provider to complete below:_____
Any changes in Health History/Medications?

Date	Changes	Initials