LA PERIODONTICS & IMPLANT SPECIALISTS

Medical History

Indicate which of the following conditions/allergies you have or have had. By checking the box it will indicate a "YES" response, leaving blank will indicate a "NO" response.

- ☐ A-Fib
- ☐ Anxiety
- ☐ Asthma
- ☐ Blood Thinners
- ☐ Chemo/Radiation
- ☐ COVID Vaccine
- ☐ Dizziness
- ☐ GERD
- ☐ Head Injuries
- ☐ High Blood Pressure
- ☐ Heart Murmur
- ☐ Herpes (Oral)
- ☐ Joint Replacement
- ☐ Low Blood Pressure
- ☐ Pacemaker
- ☐ Respiratory Problems
- ☐ Stomach Problems
- ☐ Tonsilitis
- ☐ Vertigo
- ☐ Anesthesia
- ☐ Arthritis
- ☐ Bisphosphonates
- ☐ Cancer
- ☐ Circulatory Problems
- ☐ Depression
- ☐ Excessive Bleeding
- ☐ Graves' Disease
- ☐ Heart Arrhythmia
- ☐ Hepatitis
- ☐ HIV/AIDS
- ☐ Migraines
- ☐ Osteoporosis
- ☐ Pregnancy
- ☐ Psych Care
- ☐ Sinus Problems
- ☐ Thyroid Condition
- ☐ Tumors
- ☐ Rheumatoid Arthritis
- ☐ Angina
- ☐ Artificial Joints
- ☐ Blood Disease
- ☐ Celiac Disease
- ☐ COPD
- ☐ Diabetes
- ☐ Fainting
- ☐ Hay Fever
- ☐ Heart Disease
- ☐ Herpes (Genital)
- ☐ Jaundice
- ☐ Liver Disease
- ☐ Mitral Valve Prolapse
- ☐ Pre-Medication
- ☐ STD
- ☐ Tobacco Use
- ☐ Ulcers
- ☐ Other

Dr. Rana Shahi, DDS, MS, MSD
Dr. Chloe Cohen, DDS, MS
11859 Wilshire Blvd | Suite 550 | Los Angeles, CA 90025

LA PERIODONTICS & IMPLANT SPECIALISTS

If you listed **Other**, please specify: _____

Please list any **Allergies** _____

Please circle any of the following that apply:

Recently hospitalized (illness or injury): Yes / No_____

Presently being treated for any other illness: Yes/ No _____

FEMALE: taking birth control pills FEMALE: Currently pregnant and/or breast feeding

Do you smoke or use tobacco? Yes No
Do you drink alcohol? Yes No
Do you take aspirin regularly? Yes No

Do you have any drug allergies or have you ever had an adverse reaction to any medication or anesthesia, or if any conditions or alerts selected need further clarification, please describe below:

_____
_____
_____
_____

Do you take antibiotic premedication for your dental visits? If yes, please explain.

_____
_____
_____
_____

Please circle your estimate of your general health:

Excellent Good Fair Poor

Name of your physician and phone number:

_____
Name Number

Describe any current medical treatment, impending surgery, or other treatment that may possibly affect your dental treatment.

_____
_____
_____
_____
_____

Dr. Rana Shahi, DDS, MS, MSD
Dr. Chloe Cohen, DDS, MS
11859 Wilshire Blvd | Suite 550 | Los Angeles, CA 90025

LA PERIODONTICS & IMPLANT SPECIALISTS

List all medications (prescription and non-prescription) including regular doses of aspirin:

_____

_____

_____

Preferred Pharmacy:

Name: _____ Address: _____

To the best of my knowledge, all of the preceding answers and information provided are true and correct. If I ever have any changes in my health, I will inform the doctor at the next appointment without fail.

_____	_____	_____
Printed Name	Signature	Date

Dr. Rana Shahi, DDS, MS, MSD
Dr. Chloe Cohen, DDS, MS
11859 Wilshire Blvd | Suite 550 | Los Angeles, CA 90025

LA PERIODONTICS & IMPLANT SPECIALISTS

ATTENTION:

Please check the following list of medications, if you are using any please circle. If you are NOT taking any of the below medications, please state none and initial below with today's date.

Agent	**Brand Name**
Etidronate	Didronel
Clodronate	Bonefos, Loron
Tiludronate	Skelid
Pamidronate	APD, Aredia
Neridronate	Olpadronate
Alendronate	Fosamax
Ibandronate	Boniva
Risendronate	Actonel or Atelvia
Zoledronate	Zometa or Reclast
Estrogen	Multiple Brand
Calcitonin	Fortical or Miacalcin
Denosumab	Prolia ™

NONE

If you answered circle any of the above, please list the date taken or if currently active:

_____

_____

_____

Signature: _____ Date: _____

Dr. Rana Shahi, DDS, MS, MSD
Dr. Chloe Cohen, DDS, MS
11859 Wilshire Blvd | Suite 550 | Los Angeles, CA 90025