



**RYAN S HOLBROOK, DMD**  
**JOSE M. HORAK, DMD**

200 Capri Isles Boulevard  
 Venice, Florida 34292  
 941-484-3885  
 Fax: 941-484-1506  
 www.arthuracker.com

**Health History**

Name \_\_\_\_\_ Date \_\_\_\_\_

Date of last health care exam \_\_\_\_\_ What was this exam for? \_\_\_\_\_

Have you been hospitalized in the last 5 years (Please circle) YES NO

If yes, reason: \_\_\_\_\_

Please list the names and phone numbers of the physicians who are currently providing your care:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**For the following, please circle YES or NO if you HAVE or HAVE HAD any of these conditions. Your answers are for our records only and will be confidential.**

Anemia or blood disorder, blood thinner	No	Yes	Hepatitis, any form	No	Yes
Arthritis, Rheumatism or other inflammatory disease	No	Yes	Joint replacement When placed?	No	Yes
Asthma	No	Yes	Kidney disease	No	Yes
Abnormal bleeding from a cut	No	Yes	Liver disease (including Jaundice)	No	Yes
Cancer or tumor	No	Yes	Sore/enlarged lymph nodes	No	Yes
Diabetes	No	Yes	Psychosis	No	Yes
Emphysema or other respiratory/lung illness	No	Yes	Previous biopsies	No	Yes
Epilepsy	No	Yes	Radiation or Chemotherapy treatment	No	Yes
Fainting or dizzy spells	No	Yes	Rheumatic fever	No	Yes
Glaucoma	No	Yes	Slow healing mouth sores	No	Yes
Abnormal Heart or previous bacterial endocarditis	No	Yes	Unintentional weight loss/gain	No	Yes
Heart valve (artificial) or heart transplant	No	Yes	HIV infection/AIDS or ARC	No	Yes
Heart disease, heart attack, heart surgery	No	Yes	Venereal disease	No	Yes
Heart murmur, mitral valve prolapse	No	Yes	Other conditions	No	Yes
Heart stent When placed?	No	Yes	Recurrent illnesses	No	Yes

**Are you currently taking any of these medications?**

Pre-medication before dental treatment	No	Yes	Tagamet (cimetidine) or Prilosec (omeprazole)	No	Yes
Antacids	No	Yes	Cardizem (diltiazem), Calan, Isoptin (Verapamil)	No	Yes
Dilantin or Tegretol	No	Yes	Serzone (nefazodone)	No	Yes
Barbiturates (any)	No	Yes	Diflucan (fluconazole), Sporonox (itraconazole)	No	Yes
St. John's Wort or Kava-Kava?	No	Yes	Biazin (clarithromycin)	No	Yes
Have you been treated with Bisphosphonate (Osteoporosis) drugs (Fosamax, Aredia, Zometra, Actonel, Boniva, Prolia)? If so, when did the treatment begin?	No	Yes	When completed?	No	Yes
Do you consume grapefruit juice, grapefruits or grapefruit extract?	No	Yes		No	Yes

**Please list any medications, dietary or herbal supplements you are taking:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

