

**Golden Smiles Dental**  
**9635 Milliken Ave. Ste# 103**  
**Rancho Cucamonga, CA 91730**

PATIENT NAME \_\_\_\_\_

**HEALTH HISTORY CONTINUED...**

Have you ever taken, fosamax, boniva, actonel or any cancer medications containing bisphosphonates? Yes \_\_\_\_\_ NO \_\_\_\_\_

**Patient screening for aerosol transmissible disease (ATD)**

A history of tuberculosis: Yes \_\_\_\_\_ No \_\_\_\_\_

Symptoms of Tuberculosis?

Productive cough (>3 weeks) : Yes \_\_\_\_\_ No \_\_\_\_\_

Bloody sputum: Yes \_\_\_\_\_ No \_\_\_\_\_

Night sweats: Yes \_\_\_\_\_ No \_\_\_\_\_

Fatigue: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Fever: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Unexplained weight loss: Yes: \_\_\_\_\_ No \_\_\_\_\_

**Flu & other aerosol transmissible diseases, including pertussis, measles, mumps, rebecca, chicken pox, meningitis:**

**DO YOU HAVE:**

**How long? Explain:**

Fever: Yes: \_\_\_\_\_ NO \_\_\_\_\_

Body aches: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Runny Nose: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Sore Throat: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Headache: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Nausea: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Vomiting or Diarrhea: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Fever or Respiratory: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Severe cough spasms: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Painful, swollen glands: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Skin rash, blisters: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Stiff neck: Yes: \_\_\_\_\_ No: \_\_\_\_\_

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In compliance with California OSHA title 8, Section 5199, dental facilities must pre-screen patients for aerosol transmissible diseases. Dental procedures are not performed on patients suspected or identified as having aerosol transmissible diseases.

**Chronic respiratory diseases (NOT ATD'S, are not consider infectious) do not disqualify a patient from treatment under California OSHA Title 8, Section 5199:**

**DO YOU HAVE:**

**Asthma: Yes: \_\_\_\_\_ No: \_\_\_\_\_**

**Allergies: Yes: \_\_\_\_\_ No: \_\_\_\_\_**

**Chronic upper airway cough syndrome "post nasal drip" : Yes: \_\_\_\_\_ No: \_\_\_\_\_**

**Chronic obstructive pulmonary disease: Yes: \_\_\_\_\_ No: \_\_\_\_\_**

**Emphysema: Yes: \_\_\_\_\_ No: \_\_\_\_\_**

**Bronchitis: Yes: \_\_\_\_\_ No: \_\_\_\_\_**

**Dry cough from ACE inhibitors: Yes: \_\_\_\_\_ No: \_\_\_\_\_**