Jon D. Nickelsen, D.D.S.
523 North McLean Blvd.
Elgin, IL 60123

847-742-8811

elgindentist523@gmail.com

Medical History Form

Patient Name: _____ (Last) _____ (First) _____ (MI) _____ (Preferred Name)

Address: _____ _____

_____ (City) _____ (State) _____ (Zip Code)

Have you been under medical care within the last 2 years?

◯ Yes ◯ No

If so, for what?

Are you taking any medications?

If so, please list medications.

Are you allergic to any medication?

If so, please list medication you're allergic to:

Jon D. Nickelsen, D.D.S.
523 North McLean Blvd.
Elgin, IL 60123

847-742-8811

elgindentist523@gmail.com

Medical History Form

Indicate which of the following you have had or have at present:

- ☐ Artificial Joints
- ☐ Epilepsy or Seizures
- ☐ Asthma
- ☐ Excessive Bleeding
- ☐ Bisphosphonate/Osteoporosis Therapy
- ☐ Fainting/Dizziness
- ☐ Heart Surgery
- ☐ Cardiac Stent Placed
- ☐ Radiation Treatment
- ☐ Hepatitis A & B
- ☐ Liver Disease
- ☐ Kidney Disease
- ☐ Stroke
- ☐ Blood Thinners
- ☐ Head Injuries
- ☐ Chemo Therapy
- ☐ Headaches
- ☐ Diabetes
- ☐ Heart Disease
- ☐ High Blood Pressure
- ☐ Latex Allergy
- ☐ Tubercolosis
- ☐ HIV/Aids
- ☐ Sickle Cell Disease
- ☐ Pacemaker
- ☐ Tobacco Use

Women Only:

Are you pregnant?

○ Yes ○ No

If so, how many months?

Jon D. Nickelsen, D.D.S.
523 North McLean Blvd.
Elgin, IL 60123

847-742-8811

elgindentist523@gmail.com

Are you nursing?

◯ Yes ◯ No

Are taking birth control?

◯ Yes ◯ No

Response Date: