NAME_____ **DATE**_____

1. REASON FOR TODAY'S VISIT_____
2. WHAT MEDICINES ARE YOU CURRENTLY TAKING? _____

_____

3. ARE YOU UNDER THE CARE OF A PHYSICIAN?_____ DATE OF LAST VISIT_____
   FOR WHAT ARE YOU BEING TREATED_____
4. ARE YOU IN GOOD HEALTH NOW? _____ HEIGHT_____ WEIGHT_____
5. HAVE YOU BEEN HOSPITALIZED IN THE LAST 5 YEARS? YES____ NO____
6. HAVE YOU PREVIOUSLY HAD GENERAL ANESTHESIA? YES____ NO _____ NUMBER OF TIMES _____
7. IS THERE ANYTHING YOU WOULD LIKE TO DISCUSS IN-PRIVATE WITH THE DOCTOR? YES____ NO____

DO YOU HAVE ...OR... HAVE YOU HAD ANY OF THE FOLLOWING?

YES	NO		YES	NO		YES	NO	
____	____	Allergies	____	____	High or Low Blood Pressure	____	____	Ulcer or Colitis
____	____	Hay Fever	____	____	Shortness of Breath	____	____	Eye Disorders
____	____	Emphysema	____	____	Heart Attack	____	____	Venereal Disease
____	____	Asthma	____	____	Angina/Chest Pains	____	____	Psychiatric Care
____	____	Sinus Problems	____	____	Liver Problems	____	____	Emotional Problems
____	____	Swelling of Feet or Ankles	____	____	Hepatitis	____	____	Steroids Treatment
____	____	Tuberculosis	____	____	Rheumatic Fever	____	____	Sexually transmitted disease
____	____	Fainting or Dizziness	____	____	Anemia or Blood Problems	____	____	Tumor or growth
____	____	Recent Weight Change	____	____	Smoking	____	____	Immunosupresssion
____	____	Lung Disease	____	____	Alcohol	____	____	Prosthetic Joint
____	____	Allergies to Drugs	____	____	Diabetes	___	___	Fibromyalgia
____	____	Allergies to Anesthesia	____	____	Arthritis	____	____	Delay in healing
____	____	Alcohol or Drug Abuse	____	____	Kidney Problems	____	____	Pain or clicking in the Jaws
____	____	Neurologic Problems or Seizures	____	____	Cancer	____	____	HIV
____	____	Heart Trouble	____	____	Radiation Treatments	____	____	Malignant Hyperthermia
____	____	Heart Murmur	____	____	Chemotherapy	____	____	TMJ problems
____	____	Blood thinner	____	____	Thyroid Problems	____	____	Excessive bleeding from cuts
						____	____	Problems with other extractions

_____Bisphosphonates (Zometa, Actonel, Fosamax, Aredia, Boniva, Didronel)

ALLERGIES: Are you allergic to or had a reaction to:

Local Anesthesia?_____ IV Sedation/General Anesthesia?_____
Penicillin/Sulfa or other antibiotics?_____ Latex?_____
Motrin/Advil/Ibuprofen?_____ Codeine or other narcotics?_____
Other medications? (please list)_____
Food Allergies? (please list)_____
Allergies other than drug allergies? (please list)_____

FOR WOMEN ONLY: Is there a possibility of pregnancy? YES NO If so, what month?_____
Are you trying to get pregnant? YES NO Do you take Birth Control Pills? YES NO

Antibiotics have been shown to interfere with the function of the Pill. Taking antibiotics while taking the Pill may result in an unexpected pregnancy. Surgery and/or anesthesia during early pregnancy can result in serious and even life threatening consequences to both the mother and the unborn fetus.

Do you wish to consult with your physician to rule out pregnancy prior to having Oral Surgery? YES NO

I attest that all the information I have given is True to the best of my knowledge. I further attest that I read and understand English.

_____ _____ _____ _____
PATIENT, PARENT OR GUARDIAN DATE DOCTOR DATE