

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. 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

- _____ Allergies
- _____ Asthma
- _____ Emphysema
- _____ Hay fever
- _____ Sinus Problems
- _____ Swelling of Feet or Ankles
- _____ Tuberculosis
- _____ Fainting or Dizziness
- _____ Recent Weight Change
- _____ Lung Disease
- _____ Allergies to Drugs
- _____ Allergies to Anesthesia
- _____ Convulsions
- _____ Neurological Problems or Seizures
- _____ Heart Trouble
- _____ Heart Murmur
- _____ Blood thinner

YES NO

- _____ High or Low Blood Pressure
- _____ Shortness of Breath
- _____ Heart Attack
- _____ Angina/Chest Pains
- _____ Liver Problems
- _____ Hepatitis
- _____ Rheumatic Fever
- _____ Anemia or Blood Problems
- _____ Smoking
- _____ Alcohol
- _____ Diabetes
- _____ Arthritis
- _____ Kidney Problems
- _____ Cancer
- _____ Radiation Treatments
- _____ Thyroid Problems
- _____ Prosthetic Joint

YES NO

- _____ Ulcer or Colitis
- _____ Eye Disorders
- _____ Venereal Disease
- _____ Psychiatric Care
- _____ Emotional Problems
- _____ Steroids Treatment
- _____ Sexually transmitted disease
- _____ Tumor or growth
- _____ Immunosuppression
- _____ Radiation or chemotherapy
- _____ Delay in healing
- _____ Pain or clicking in the Jaws
- _____ HIV
- _____ Malignant Hyperthermia
- _____ TMJ problems
- _____ Excessive bleeding from cuts
- _____ Problems with other extractions

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

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

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