

ORAL AND MAXILLOFACIAL SURGERY
DENTAL IMPLANTS SURGERY

TODAY'S DATE ____/____/____ PLEASE PRINT

PATIENT'S NAME		SEX	AGE	BIRTHDATE	OCCUPATION	HOME PHONE BUS. PHONE CELL PHONE
PATIENT'S ADDRESS				CITY	STATE	ZIP
RESPONSIBLE PARTY'S NAME		SOC. SEC. #				
RESPONSIBLE PARTY'S ADDRESS				CITY	STATE	ZIP
EMPLOYER (COMPANY NAME AND ADDRESS)				SPOUSE'S NAME	PHYSICIAN'S NAME	
REASON FOR VISIT HERE				REFERRED BY		
PREFERRED PHARMACY : NAME		ADDRESS			PHONE	

PLEASE ANSWER ALL QUESTIONS BY CIRCLING YES (Y) OR NO (N) ALL RESPONSES ARE KEPT CONFIDENTIAL

- ARE YOU IN GOOD HEALTH? Y N
- HAS THERE BEEN ANY CHANGE IN YOUR GENERAL HEALTH IN THE PAST YEAR? Y N
- DATE OF LAST PHYSICAL EXAM? _____
- ARE YOU NOW UNDER A PHYSICIAN'S CARE FOR A PARTICULAR PROBLEM? Y N
IF SO, WHAT FOR? _____
- HAVE YOU HAD ANY SERIOUS ILLNESSES, OPERATIONS OR HOSPITALIZATIONS? IF SO, DESCRIBE:

- HAVE YOU HAD ANY ADVERSE EFFECTS FROM DENTAL TREATMENT? Y N
- DO YOU HAVE OR HAVE YOU EVER HAD:
 - RHEUMATIC FEVER OR RHEUMATIC HEART DISEASE? Y N
 - CONGENITAL HEART DISEASE? Y N
 - CARDIOVASCULAR DISEASE (HEART TROUBLE, HEART ATTACK, HEART MURMUR, CORONARY ARTERY DISEASE, ANGINA, HIGH BLOOD PRESSURE, STROKE, PALPITATIONS, HEART SURGERY, PACEMAKER)? Y N
 - LUNG DISEASE (ASTHMA, EMPHYSEMA, CHRONIC COUGH, BRONCHITIS, PNEUMONIA, TUBERCULOSIS, SHORTNESS OF BREATH, CHEST PAIN, SEVERE COUGHING)? Y N
 - SEIZURES, CONVULSIONS, EPILEPSY, FAINTING, PSYCHIATRIC TREATMENT, DIZZINESS, NERVOUS DISORDER OR BREAKDOWN? Y N
 - BLEEDING DISORDER, ANEMIA, BLEEDING TENDENCY, BLOOD TRANSFUSION, DO YOU BRUISE EASILY? Y N
 - LIVER DISEASE (JAUNDICE, HEPATITIS)? Y N
 - KIDNEY DISEASE? Y N
 - DIABETES? Y N
 - THYROID DISEASE (GOITER)? Y N
 - ARTHRITIS? Y N
 - STOMACH ULCERS OR COLITIS? Y N
 - GLAUCOMA? Y N
 - FREQUENT OR RECURRING MOUTH SORES? Y N
 - IMPLANTS PLACED ANYWHERE IN YOUR BODY (HEART VALVE, HIP, KNEE)? Y N
 - RADIATION (X-RAY) TREATMENT FOR CANCER? Y N
 - CLICKING OR POPPING OF JAW JOINT, PAIN NEAR EAR, DIFFICULTY OPENING MOUTH, GRIND OR CLENCH TEETH? Y N
 - SINUS OR NASAL PROBLEMS? Y N
 - ANY DISEASE, DRUGS OR TRANSPLANT OPERATION THAT HAS DEPRESSED YOUR IMMUNE SYSTEM? Y N
 - RECURRENT INFECTIONS OF ANY KIND? Y N
- ARE YOU USING OR TAKING ANY OF THE FOLLOWING:
 - TAGAMET? Y N
 - THYROID MEDICATIONS? Y N
 - ANTIBIOTICS OR SULFA DRUGS? Y N
 - ANTICOAGULANTS (BLOOD THINNERS)? Y N
 - HIGH BLOOD PRESSURE MEDICINE? Y N
 - STEROIDS (CORTISONE, ETC.)? Y N
 - TRANQUILIZERS (VALIUM, ETC.)? Y N
 - INSULIN, DIABENESE, OR SIMILAR DRUG? Y N
 - DIGITALIS, INDERAL, NITROGLYCERIN, CALCIUM CHANNEL BLOCKERS, PROCARDIA OR OTHER HEART MEDICINE? Y N
 - ASPIRIN OR IBUPROFEN (MOTRIN, NAPROSYN, ETC.)? HOW MUCH DAILY? Y N
 - MARIJUANA OR OTHER "STREET" DRUGS? Y N
 - ANTIHISTAMINES OR DECONGESTANTS (SELDANE)? Y N
 - ARE YOU TAKING ANY OTHER REGULAR MEDICATIONS, PILLS, OR DRUGS? Y N

IF YES, PLEASE LIST: _____
- ARE YOU ALLERGIC OR HAD A BAD REACTION TO:
 - LOCAL ANESTHETIC (NOVOCAINE, ETC.)? Y N
 - PENICILLIN, AMOXICILLIN, CEPHALOSPORINS OR OTHER ANTIBIOTICS? Y N
 - BARBITURATES, SEDATIVES, ETC.? Y N
 - ASPIRIN OR IBUPROFEN? Y N
 - CODEINE OR OTHER PAIN KILLERS? Y N
 - LATEX OR RUBBER PRODUCTS? Y N
 - OTHER ALLERGIES OR REACTIONS? Y N

IF YES, PLEASE LIST: _____
- DO YOU SMOKE OR CHEW TOBACCO? Y N
HOW MUCH DAILY? _____
- DO YOU USE ALCOHOL? Y N
HOW MUCH? _____
- HAVE YOU EVER SOUGHT PROFESSIONAL CARE FOR DRUG ABUSE, ALCOHOLISM OR EMOTIONAL DISORDERS? Y N
- WOMEN:** ARE YOU PREGNANT OR PLANNING PREGNANCY? ... Y N
ARE YOU TAKING BIRTH CONTROL PILLS? Y N
ARE YOU TAKING HORMONE REPLACEMENTS? Y N
- DO YOU HAVE ANY OTHER DISEASE, CONDITION OR PROBLEM NOT LISTED ABOVE THAT YOU THINK THE DOCTOR SHOULD KNOW ABOUT? Y N
- DO YOU WISH TO TALK WITH THE DOCTOR PRIVATELY ABOUT ANYTHING? Y N

I UNDERSTAND THE IMPORTANCE OF A TRUTHFUL HEALTH HISTORY TO ASSIST THE DOCTOR IN PROVIDING THE BEST CARE POSSIBLE.

SIGNATURE OF PERSON COMPLETING HEALTH HISTORY

DR'S INITIALS

MEDICAL UPDATE: I HAVE READ MY HEALTH HISTORY DATED ____/____/____ AND CONFIRM THAT IT ADEQUATELY STATES PAST AND PRESENT CONDITIONS.

DATE EXCEPTIONS OR CHANGES

PATIENT'S SIGNATURE

DOCTOR'S INITIALS