

- HEALTH HISTORY -

To our patients:

Although oral surgeons primarily treat the area in and around your mouth, your mouth is a part of your entire body. Health problems that you may have, or medication that you may be taking, could have an important interrelationship with the care that you will be receiving. Thank you for answering the following questions. Your answers are for our records only and will be considered confidential.

Reason for today's office visit _____

| | YES | NO |
|--|--------------------------|--------------------------|
| Are you in good health? _____ Height _____ Weight _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Have there been any changes in your general health in the past year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you under the care of a physician? _____ Date of last visit: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, for what are you being treated? _____ | | |
| Have you had any illness, operation or been hospitalized in the past five years? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have unhealed injuries or inflamed areas in or around your mouth, growth or sore spots in your mouth? | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, describe where _____ | | |

| HAVE YOU HAD OR DO YOU CURRENTLY HAVE... | | YES | NO | NOTES | HAVE YOU HAD OR DO YOU CURRENTLY HAVE/USE... | | YES | NO | NOTES |
|--|---|-----|----|-------|--|---|-----|----|-------|
| 1 | Rheumatic fever? | | | | 27 | Stroke? | | | |
| 2 | Damaged heart valves/ mitral valve prolapse? | | | | 28 | Thyroid trouble? | | | |
| 3 | Heart murmur? | | | | 29 | Diabetes? | | | |
| 4 | High blood pressure? | | | | 30 | Low blood sugar? | | | |
| 5 | Low blood pressure? | | | | 31 | Kidney trouble? | | | |
| 6 | Chest pain, angina? | | | | 32 | Are you on dialysis? | | | |
| 7 | Heart attack(s)? | | | | 33 | Swollen ankles, arthritis or joint disease? | | | |
| 8 | Irregular heart beat? | | | | 34 | Stomach ulcers / GERD / Reflux? | | | |
| 9 | Cardiac pacemaker? | | | | 35 | Contagious diseases? | | | |
| 10 | Heart surgery? | | | | 36 | Sexually transmitted diseases? | | | |
| 11 | Bronchitis, chronic cough? | | | | 37 | Problems of the immune system? | | | |
| 12 | Asthma? | | | | 38 | A tumor or growth? | | | |
| 13 | Hayfever / Sinus problems? | | | | 39 | Mental health problems such as depression? | | | |
| 14 | Tuberculosis? | | | | 40 | Are you wearing a removable dental appliance? | | | |
| 15 | Emphysema? | | | | 41 | Are you on a diet? | | | |
| 16 | Difficulty breathing? | | | | 42 | Habit-forming drugs? | | | |
| 17 | Any other lung problem? | | | | 43 | Alcoholic beverages? | | | |
| 18 | Do you use tobacco products? | | | | 44 | Contact lenses? | | | |
| 19 | Blood disorder such as anemia? | | | | 45 | Eye disease/glaucoma? | | | |
| 20 | Bruise easily? | | | | 46 | Radiation treatment / chemotherapy? | | | |
| 21 | Bleeding tendency (abnormal bleed?) | | | | 47 | Blood transfusion? | | | |
| 22 | Jaundice, hepatitis or liver disease? | | | | 48 | Pain & clicking of jaws when eating? | | | |
| 23 | Infectious mononucleosis? | | | | 49 | Chronic headaches? | | | |
| 24 | Gallbladder trouble? | | | | 50 | Malignant Hyperthermia? | | | |
| 25 | Fainting spells? | | | | 51 | Any other medical problems? | | | |
| 26 | Convulsions, epilepsy? | | | | 52 | | | | |