



Latex Allergy: Yes No

Four horizontal lines for latex allergy response.

Current Medications- List Below

Four horizontal lines for current medications.

Have you taken cortisone in last 6 months? When

Do you take blood thinners? If yes, Drug name Last dose

All Previous Surgery – List Below

Three horizontal lines for previous surgery.

Problem with Anesthesia

You Family member Explain

Have you taken antibiotics in the last 10 days? Yes NO

Why? Drug Name:

Anything artificial in your mouth?

Bridges Dentures Caps Crowns Partial Implants

Last time ate or drank anything

Date of first day of last menstrual period:

Please circle the appropriate response to the following questions. Give brief explanations where needed.

Cardiovascular

Chest Pain Irregular heartbeat High blood pressure Low blood pressure Mitral valve prolapse Blood clots Heart attack—When Pacemaker/Defibrillator Congestive Heart Failure Explain

Gastrointestinal

Acid Reflux Stomach ulcers Hiatal hernia Gallbladder trouble Hepatitis/jaundice/liver Colon problems Drug/alcohol abuse Explain

Musculoskeletal

Any metal implants Arthritis Fibromyalgia Muscle weakness Family history of muscles weakness Do you have glaucoma Explain

Respiratory

Asthma Wheezing Shortness of breath Emphysema COPD/Lung disease Tuberculosis Do you smoke How much Dip/Tobacco use Explain:

Bleeding Problems

Bleeding disorders Anemia Blood transfusion Sickle cell disease/trait Explain

Metabolic Problems

Diabetes Insulin Pump Low blood sugar Thyroid problems Explain:

Neurological

Fainting/blackout Seizures/epilepsy Strokes Paralysis Headaches/migraines Explain

Urological

kidney problems Bladder infections Blood in urine Kidney stones Prostate problems Explain

Accident Information

Please give date/time/place

Other

Including mental problems Yes No Explain

Patient's Signature Parent/ Guardian Signature