



Health History

Although oral surgeons primarily treat the area in and around your mouth, your mouth is part of your entire body. Health problems that you may have or medications 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 visit? _____

YES NO

1. **Height** _____ **Weight** _____ Are you in good health?
2. Have there been any changes in your general health in the past year?
3. Are you under the care of a physician? **Date of last visit** _____
If so, for what are you being treated? _____
4. Have you had any illness, operation, or been hospitalized in the past five years?
If so, describe _____
5. Do you have unhealed/recurrent injuries or inflamed areas, growths, or sore spots in or around your mouth?
If so, describe where _____
6. Do you have a prosthetic joint/implant? If so, describe where _____
7. Have you had a heart valve replacement or vascular graft?
8. Have you ever had general anesthesia
9. Have you or a family member had any unusual or serious reactions to general anesthesia?
10. Has a physician or previous dentist recommended that you take antibiotics prior to your dental treatment?

Past or Current Health Issues	Yes	No	Notes
Rheumatic Fever			
Damaged Heart Valves/Mitral Valve Prolapse			
Heart Murmur			
High Blood Pressure			
Low Blood Pressure			
Chest Pain/Angina			
Heart Attack(S)			
Irregular Heart Beat			
Heart Surgery			
Pneumonia, Bronchitis, Chronic Cough			
Asthma			
Hay Fever/Sinus Problems			
Snoring			
Sleep Apnea/CPAP			
Difficulty Breaking/Lunch Issues			
Tuberculosis			
Emphysema			
Smoke Cigarettes Packs Per Day			
Chewing Tobacco			
Blood Transfusion			
Blood Disorder/Anemia			
Bruise Easily			
Abnormal Bleeding Tendency			
Hepatitis, Jaundice, Liver Disease			
Infectious Mononucleosis			
Mental Health/Anxiety/Depression			

Past or Current Health Issues	Yes	No	Notes
Fainting Spells			
Convulsions/Epilepsy			
Stroke			
Diabetes			
Low Blood Sugar			
Kidney Trouble			
High Cholesterol			
On Dialysis			
Osteoporosis/Osteopenia			
Osteonecrosis			
Osteonecrosis			
Acid Reflux			
Stomach, GI, Ulcers, IBS, Colitis			
Contagious Diseases			
STDs			
Delay in Healing			
Tumor or Growth			
Cancer, Radiation, Chemo			
Chronic Fatigue, Night Sweats			
Problems with Immune System from Medication, Surgery, etc.			
Currently On a Diet			
History of Alcohol Abuse			
History of Drug Abuse			
Contact Lenses/Eyeglasses			
Glaucoma			
Removable Dental Appliance			
Pain/Click of Jaw when Eating			
Gallbladder Issues			

For Women:

YES NO

11. Is there a possibility of pregnancy? Expected delivery date _____
12. Are you nursing?
13. Are you taking birth control pills?

Note: Antibiotics such as penicillin may alter the effectiveness of birth control pills. Consult your physician/gynecologist for assistance regarding other methods of birth control.