

ADVANCED DENTAL ANESTHESIA SERVICES LLC

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NEW PATIENT FORM

Patient Information:

First Name: _____ Last Name: _____
Address: _____
Date of Birth: _____ Age: _____ Weight: _____

Parent/Guardian: Please indicate number the doctor can call the night before the procedure to confirm and give pre-anesthesia directions

First Name: _____ Last Name: _____
Home Phone: _____ Cell Phone: _____
First Name: _____ Last Name: _____
Home Phone: _____ Cell Phone: _____

Primary Care Physician: (name and number): _____
Address: _____
Emergency Contact: (name and number): _____

Known Allergies: _____

Has patient ever had a history of (check if yes):

- ☐ Asthma, Reactive Airway, Wheezing, Breathing Treatment
- ☐ Pneumonic, Bronchitis, Chronic Cough
- ☐ Respiratory Problems (Tuberculosis, Cystic Fibrosis)
- ☐ Sleep Apnea/Nighttime snoring
- ☐ Breathing Through mouth due to nasal congestion
- ☐ Shortness of Breath/Fatigue/Dizziness when playing/running
- ☐ Fainting spells or blackouts
- ☐ Congenital Heart Defect
- ☐ Irregular Heart Beat, Palpitations, Arrhythmia
- ☐ Heart Disease/High or Low Blood Pressure
- ☐ Rheumatic Fever/Scarlet Fever
- ☐ Bleeding, Nose Bleeding, Easy Bruising, Clotting
- ☐ Anemia
- ☐ Blood Disorders (Thalassemia, Hemophilia)
- ☐ Autoimmune Disease
- ☐ Head & Neck Injury/Trauma

- ☐ Cancer/Tumor/Chemo/Radiation therapy
- ☐ Thyroid Disease/ Adrenal gland problems/Hormone therapy
- ☐ Stomach/Intestinal problems
- ☐ Hernia/Heartburn/Acid Reflux/ Indigestion
- ☐ Seizure/Epilepsy/Convulsions
- ☐ Kidney Disease/ Bladder Disorder
- ☐ Liver Disease
- ☐ Diabetes/Nutritional Disorder
- ☐ ADD or ADHD/Autism
- ☐ Muscle Disease
- ☐ HIV/AIDS
- ☐ Previous general anesthesia or surgery
- ☐ Problems during or after anesthesia
- ☐ Family relatives having problems during anesthesia
- ☐ Cold, Cough, Fever in past 3 weeks
- ☐ Past hospitalization, surgery, or emergency room visit

Does patient have any condition, problems, or disease not yet mentioned? Y/N
Does patient take any medications regularly? Y/N
Are there any behavior/emotional/cultural/spiritual concerns we need to be aware of? Y/N

*If you answered yes to any of the above, please explain: _____

