

- HEALTH HISTORY -

To our patients:

Oral and maxillofacial surgeons primarily treat diseases, injuries or deformities of the face and the mouth. However, health problems that you may have or medication that you are taking 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 kept strictly confidential.

Reason for today's office visit _____

	YES	NO
1. Are you in good health?.....Height _____ Weight _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Have there been any changes in your general health in the past year?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you under the care of a physician?.....Date of last visit: _____ If so, for what are you being treated? _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had any serious illness, operation or been hospitalized? (Describe on back page).....	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have unhealed injuries or inflamed areas in or around your mouth, growth or sore spots in your mouth?.....If so, describe where _____	<input type="checkbox"/>	<input type="checkbox"/>

	HAVE YOU HAD OR DO YOU CURRENTLY HAVE.....	Yes	No	NOTES		HAVE YOU HAD OR DO YOU CURRENTLY HAVE.....	Yes	No	NOTES
6	Rheumatic fever?				35	Other contagious diseases?			
7	Prosthetic (artificial) joints?				36	Hepatitis, Jaundice or liver disease?			
8	Damaged heart valves/ mitral valve prolapse?				37	Is your immune system decreased for any reason, including HIV, AIDS or Organ Transplant			
9	Prosthetic (artificial) heart valves?				38	Delay in healing?			
10	Heart disease or defects?				39	A tumor or growth?			
11	Heart murmur?				40	Epilepsy, convulsions?			
12	Chest pain, angina?				41	Thyroid trouble?			
13	Heart attack(s)?				42	Diabetes?			
14	Irregular heart beat?				43	Low blood sugar?			
15	Heart surgery?				44	Gallbladder trouble?			
16	Cardiac pacemaker?			45	Kidney trouble?				
17	Stroke?			46	Are you on dialysis?				
18	High blood pressure?			47	Fainting spells?				
19	Low blood pressure?			48	Swollen ankles, arthritis or joint disease?				
20	Asthma?			49	Stomach ulcers?				
21	Emphysema?			50	Radiation or chemotherapy for cancer?				
22	Tuberculosis?			51	Chronic fatigue / night sweats?				
23	Bronchitis, chronic cough?			52	Do you have difficulty sleeping?				
24	Hayfever / Sinus problems?			53	Are you on a diet?				
25	Do you smoke or use smokeless tobacco?			54	Eye disease / glaucoma?				
26	Do you drink Alcohol?			55	Contact lenses?				
27	A history of alcohol abuse?			56	Mental health problems?				
28	A history of drug abuse or current use?			57	Pain & Clicking of jaws when eating?				
29	Blood transfusion?			58	A removable dental appliance?				
30	Blood disorder such as anemia?			59	Have you or a family member ever had any problems with general anesthesia?				
31	Bleeding tendency (abnormal bleed?)			60	Malignant Hyperthermia?				
32	Bruise easily?			61	List any prior surgeries or hospitalizations on back page.				
33	Infectious mononucleosis?								
34	Sexually transmitted diseases?								