

Oral Surgery Specialists of Northern Michigan

MEDICAL HISTORY FORM

Patient's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Preferred Name/Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

Reason for the visit today: \_\_\_\_\_

Have you been under the care of a physician in the past five years? Yes  No

If Yes, list reason: \_\_\_\_\_

Are you taking any drugs or medications (include birth control and any recreational drugs)? Yes  No

If Yes, please list: \_\_\_\_\_

Do you have any food or drug allergies or sensitivities? Yes  No

If Yes, please list: \_\_\_\_\_

Have you had any serious illness, hospitalizations or operations? Yes  No

If Yes, please list: \_\_\_\_\_

Have you received a General Anesthetic (been asleep for surgery)? Yes  No

If Yes, any complications: \_\_\_\_\_

Any family history of complications with General Anesthesia? Yes  No

If Yes, explain: \_\_\_\_\_

Do you smoke? Yes  No  If Yes: How much? \_\_\_\_\_ How long? \_\_\_\_\_ Cough? \_\_\_\_\_

Women: Are you Pregnant? Yes  No  Not Certain  If Yes: How many months? \_\_\_\_\_

HAVE YOU EVER HAD OR BEEN TOLD YOU HAVE ANY OF THE FOLLOWING? (indicate)

- Y N 01   Heart Problems 13   Contact Lenses 25   Excessive Bleeding
02   Heart Attacks 14   Lung Problems 26   Anemia
03   Chest Pains 15   Asthma 27   H.I.V. or A.I.D.S.
04   Heart Murmurs 16   Emphysema 28   Sexually Transmitted Diseases
05   Rheumatic Fever 17   Tuberculosis 29   Epilepsy
06   High blood Pressure 18   Liver Problems 30   Seizures or Convulsions
07   Low Blood Pressure 19   Hepatitis/Jaundice 31   Cancer
08   Diabetes 20   Kidney Problems 32   Chemotherapy
09   Low Blood Sugar 21   Stomach Ulcers 33   Radiation Treatments
10   Strokes 22   Arthritis 34   Drug or Alcohol Dependency
11   Fainting Spells 23   Cortisone/Steroids 35   Prosthetic joints or heart valves
12   Glaucoma 24   Blood Disorders 36   Antibiotics before Dental Work

Is there anything else in your health history we should be aware of? Yes  No  If Yes, please indicate: \_\_\_\_\_

ACKNOWLEDGEMENT: The information given on this form is truthful and correct to the best of my knowledge.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Relationship if Minor: \_\_\_\_\_

FOR OFFICE USE: \_\_\_\_\_

Reviewed by: \_\_\_\_\_