Center For Oral & Maxillofacial Surgery

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MEDICAL INFORMATION

Patient Name:_____Date:_____

YES	NO	
☐	☐	Are you currently being treated by a physician?_____
☐	☐	Have you ever had a blood transfusion? If so, when?_____
☐	☐	Are you subject to profuse bleeding?_____
☐	☐	Have you ever had oral surgery before? If so, what treatment did you receive? When?_____
		_____
☐	☐	Are you pregnant?
☐	☐	Are you taking birth control?
☐	☐	Do you smoke? If so, _____packs per day?
☐	☐	Do you have any drug allergies? If so, please list:_____
		_____
☐	☐	Do you or have you ever abused drugs?
☐	☐	Are you H.I.V. positive?
☐	☐	Have you ever had a problem with General Anesthesia? If so, what?_____
		_____
☐	☐	Do you need to premedicate before surgery? If so, why?_____
☐	☐	Are you taking Coumadin (Warfin)?
☐	☐	Are you taking Plavix?
☐	☐	Are you taking any other Blood Thinners?
☐	☐	Are you taking any medications for Osteoporosis?
☐	☐	**Have you had any surgery of any kind? If so, what?**_____
		_____

Do you have or have you ever been exposed to any of the following? If so, please indicate with a CHECK MARK

☐ Blood born diseases	☐ Heart Attack	☐ Hernia	☐ Convulsions
☐ Anemia	☐ Chest Pain	☐ Kidney Disease	☐ Seizures
☐ Hemophilia	☐ Heart murmur	☐ Bladder Problems	☐ Seizure Nervousness
☐ Sickle Cell	☐ Stents	☐ Back Injury	☐ Psychiatric Treatment
☐ Hepatitis A	☐ Pacemaker	☐ Back Surgery	☐ Bullimia
☐ Hepatitis B	☐ Mitral Valve Prolapse	☐ Severe Back Pain	☐ Anorexia
☐ Hepatitis C	☐ Artificial Heart valve	☐ Broken Jaw	☐ Cold Sores
☐ A.I.D.S.	☐ Open Heart Surgery	☐ Pain in jaw joints	☐ Fever Blisters
☐ Contagious Disease	☐ Stroke	☐ Osteomyelitis	☐ Teeth Grinding
☐ Asthma	☐ Rheumatic Fever	☐ Snoring	☐ Cancer
☐ Bronchitis	☐ High Blood Pressure	☐ Diabetes	☐ Radiation Treatment
☐ Emphysema	☐ Low Blood Pressure	☐ Thyroid Dsease	
☐ Tuberculosis	☐ Yellow Jaundice	☐ Intestinal Disease	

Are you taking any medications? ☐ Yes ☐ No If so, please list medications

Name of Medication	Strength	Dose	Reason for Medication
_____	_____mg	_____	_____
_____	_____mg	_____	_____
_____	_____mg	_____	_____

TURN OVER