Sarasota Oral & Implant Surgery

ORAL MAXILLOFACIAL SURGERY | DENTAL IMPLANTS | BOARD CERTIFIED

2130 South Tamiami Trail | Sarasota FL 34239

Phone 941-365-3388 | Fax 941-954-0521

Confidential Health Questionnaire

Prescribed current medications? ❑ Yes ❑ No Please List:_____

_____

Are you allergic to any medications? ❑ Yes ❑ No Please List: _____

Do you pre-med? ❑ Yes ❑ No If yes, what condition?_____What Antibiotic?_____

Do you have or have you ever had (please check):

- ❑ Ankle Swelling / Heart Failure
- ❑ Artificial Heart Valve
- ❑ Atrial Fibrillation
- ❑ Congenital Heart Disease
- ❑ Heart Murmur
- ❑ Heart Valve Problems
- ❑ Irregular Heart Beat
- ❑ Pacemaker / Defibrillator
- ❑ Heart Stent
- ❑ Heart Attack
- ❑ Heart Surgery
- ❑ Alcohol or Drug Abuse
- ❑ Alzheimer's
- ❑ Anemia / Abnormal Bleeding
- ❑ Angina or Chest Pain
- ❑ Arthritis
- ❑ Artificial Joints
- ❑ Asthma
- ❑ Autoimmune Disease
- ❑ Chronic Pain
- ❑ COPD / Emphysema
- ❑ Dementia
- ❑ Depression / Anxiety
- ❑ Diabetes
- ❑ Epilepsy / Seizures
- ❑ Fainting / Dizziness
- ❑ Gastritis / Colitis / IBS
- ❑ Glaucoma
- ❑ Hearing Impaired
- ❑ Hepatitis / Liver Disease
- ❑ High Blood Pressure
- ❑ HIV or AIDS
- ❑ Kidney Disease
- ❑ Malignancy / Cancer
- ❑ Neurologic Disease
- ❑ Osteoporosis
- ❑ Shortness of Breath
- ❑ Sleep Apnea
- ❑ Sinus Problems
- ❑ Stroke / TIA
- ❑ Thyroid Disease
- ❑ Tuberculosis
- ❑ Vascular Disease

Do you use tobacco products in any form? ❑ Yes ❑ No Do you use any alcohol products? ❑ Yes ❑ No

Have you been hospitalized in the past year? ❑ Yes ❑ No If so, why? _____

Have you ever had radiation therapy to the head or neck? ❑ Yes ❑ No Comment: _____

Have you ever taken bisphosphonate drugs (drugs that strengthen your bones)? ❑ Yes ❑ No Name: _____

Past Surgeries? ❑ Yes ❑ No: _____ Complications? ❑ Yes ❑ No: _____

Female Patients Only

Are you pregnant or nursing? ❑ Yes ❑ No
(If unsure, please check with your physician prior to any surgical procedure.)

Do you use oral contraceptives? ❑ Yes ❑ No

Certain antibiotics prescribed in this office may interfere with the effectiveness of oral contraceptives. It is recommended that you use an additional method of birth control if antibiotics are prescribed. However, continue the use of your birth control as prescribed.

I have read, understood, and attest that the medical history I have given is full and correct.

Patient Name (Print):_____Date: _____

Patient Signature: _____