

General Health Questionnaire

Patient Name: _____

What current problem has brought you to our office? _____

Are You ALLERGIC to or have you had an adverse reaction to: (Circle One or fill in blank)

Local anesthetics:	YES	NO
Penicillin	YES	NO
Amoxicillin	YES	NO
Sulfa Drugs	YES	NO
Other Antibiotics	_____	_____
Codeine	YES	NO
Other Narcotics	_____	_____
Aspirin	YES	NO
Ibuprofen	YES	NO
Adhesive tape	YES	NO
Latex Tape	YES	NO
Egg Products:	YES	NO

Please list **ADDITIONAL** allergies not listed: _____

Are you CURRENTLY taking any medications? _____ if so, please list ALL medications: _____

Are you taking bisphosphonates (Fosamax, Zomata, Aredia, ect.) for osteoporosis or other bone disorders? _____
If so, what are you taking? _____

Have you undergone any surgical procedure? _____ If so, what kind? _____

Have you had any heart valve surgery or any joint replacement? _____ if so, please describe: _____

Female Patients: Are you, or could you be pregnant? Yes No If yes, due date? _____
Are you taking birth control pills? Yes No

Please circle any of the following conditions you have now or have had in the past:

Rheumatic Fever	Congenital Disease	ADHD	Irregular Heart Beat
Heart Attack	Heart Murmur	Chest Pain	High Blood Pressure
Asthma	Bronchitis	Hepatitis	Shortness of Breath
Tuberculosis	Emphysema	Anemia	Kidney Failure/Transplant
Bleeding Disorder	Stomach Ulcers	Stroke	Taking Blood Thinners
Seizure Disorder	Faint Easy (Blood/Needles)	Diabetes	Immune System Disease
Lupus	Osteoarthritis	Cancer	Rheumatoid Arthritis
Thyroid Disorder	Sinus Problems	Glaucoma	Psychiatric Disorder
Severe Weight Loss	High Cholesterol	TMJ Symptoms	Liver Disease/Hepatitis

Do you use any of the following (please circle) cigarettes, chewing tobacco, alcohol, IV/illegal drugs? How much? _____

Have you had General Anesthesia before? Yes or No

Have you ever had difficulty with, or a bad reaction to General Anesthesia? Yes or No If, so, please explain: _____

Do you have any other disease, condition or problem not listed above that you think the Doctor should know about?

Yes or No _____

The disclosure of medical information is for your general welfare, whether you are here for diagnostic consultation, a simple extraction, or a major oral surgical procedure. Your general health may have a significant affect on your current condition and the outcome of any proposed treatment. For the sake of your overall health and safety, please answer all questions.

I CERTIFY THAT THE MEDICAL HISTORY I HAVE GIVEN ABOVE CORRECT TO THE BEST OF MY KNOWLEDGE:

► _____
Patient /Guardian Signature **Date**