CRAIG LAHAR, D.M.D., ORAL AND MAXILLOFACIAL SURGERY, P.C.

PATIENT MEDICAL HISTORY

Patient: _____ Age:_____ Sex: _____ Weight: _____

Allergies To: Drugs, Foods, or Latex _____

Serious Illnesses _____

Previous Operations _____

Hospitalizations _____

Current Medications _____

	Yes	No			Yes	No	
Cardiac	☐	☐	Heart Attack	Neuro	☐	☐	Seizures
	☐	☐	Stroke		☐	☐	Fainting Spells
	☐	☐	High Blood Pressure				
	☐	☐	Heart Murmur	GI	☐	☐	Colitis
	☐	☐	Rheumatic Fever		☐	☐	Liver Disease
	☐	☐	Chest Pain		☐	☐	Hepatitis
	☐	☐	Skipped Beats		☐	☐	Jaundice
	☐	☐	Pacemaker		☐	☐	Kidney Disease
	☐	☐	Heart Surgery		☐	☐	Reflux/Ulcers
	☐	☐	Bypass Surgery		☐	☐	Hiatal Hernia
Respiratory	☐	☐	Asthma	Hematologic	☐	☐	Hemophilia
	☐	☐	Emphysema		☐	☐	Blood Disorders
	☐	☐	COPD		☐	☐	Prolonged Bleeding
	☐	☐	Productive Cough		☐	☐	Sickle Cell Disease
	☐	☐	Shortness of Breath				
	☐	☐	Tuberculosis	Other	☐	☐	Pregnant Now
	☐	☐	Sleep Apnea		☐	☐	Infectious
					☐	☐	TMJ Click or Pain
Endocrine	☐	☐	Diabetes		☐	☐	Cancer
	☐	☐	Hyper/Hypo Thyroid		☐	☐	Chemotherapy
	☐	☐	Steroid Use		☐	☐	Artificial Joints
					☐	☐	Have you ever been on Fosomax/a bisphosphonate or any bone hardening medicine.
Habits	☐	☐	Tobacco Use				
	☐	☐	Alcohol Use		☐	☐	Have you/any family members ever had any problems with general anesthesia.
	☐	☐	Drug Use				

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I have had the opportunity to discuss my medical history with my doctor and the information provided is complete and accurate.

Patient/Guardian _____ Doctor Lahar_____ Date_____