

Patient Medical History

Patient : _____ Age: _____ Sex: M / F Height: _____ Weight: _____

BMI: _____

Allergies to: Drugs _____

Foods, or Latex _____

Serious Illnesses _____

Previous Operations _____

Hospitalizations _____

Current Medications: _____

Cardiac

Yes	No	
☐	☐	Heart Attack
☐	☐	Stroke
☐	☐	High Blood Pressure
☐	☐	Heart Murmur
☐	☐	Rhumatic Fever
☐	☐	Chest Pain
☐	☐	Skipped Beats
☐	☐	Pacemaker
☐	☐	Heart Surgery
☐	☐	Bypass Surgery

Respiratory

Yes	No	
☐	☐	Asthma
☐	☐	Emphysema
☐	☐	COPD
☐	☐	Productive Cough
☐	☐	Shourtness of Breath
☐	☐	Tuberculosis
☐	☐	Sleep Apnea

Endocrine

Yes	No	
☐	☐	Diabetes
☐	☐	Hyper/ Hypo Thyroid
☐	☐	Steroid Use

Habits

Yes	No	
☐	☐	Tobacco Use
☐	☐	Alcohol Use
☐	☐	Drug Use

Neuro

Yes	No	
☐	☐	Seizures
☐	☐	Fainting Spells

GI

Yes	No	
☐	☐	Colitis
☐	☐	Liver Disease
☐	☐	Hepatitis
☐	☐	Jaundice
☐	☐	Kidney Disease
☐	☐	Reflux/Ulcers
☐	☐	Hiatal Hernia

Hematologic

Yes	No	
☐	☐	Hemophilia
☐	☐	Blood disorders
☐	☐	Prolonged Bleeding
☐	☐	Sickle Cell Disease

Other

Yes	No	
☐	☐	Pregnant Now
☐	☐	Infectious
☐	☐	TMJ Click or Pain
☐	☐	Cancer
☐	☐	Chemotherapy
☐	☐	Artificial Joints
☐	☐	Have you ever been on Fosomax/a bisphosphonate or any bone hardening medicine?
☐	☐	Have you/any family members ever had any problems with general anesthesia?

Patient/Guardian: _____ Doctor Lahar: _____ Date: _____