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

Patient Medical History

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

BMI: _____

Allergies to: Drugs _____ Current Medications: _____

Foods, or Latex _____

Serious Illnesses _____

Previous Operations _____

Hosptalizations _____

	Yes	No			Yes	No	
Cardiac	☐	☐	Heart Attack	Neuro	☐	☐	Seizures
	☐	☐	Stroke		☐	☐	Fainting Spells
	☐	☐	High Blood Pressure				
	☐	☐	Heart Murmer	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 Fosamax/a bisphosphonate or any bone hardening medicine?
Habits	☐	☐	Tobacco Use				
	☐	☐	Alcohol Use				
	☐	☐	Drug Use		☐	☐	Have you/any family members ever had any problems with general anesthesia?

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