

HEALTH HISTORY

To our patients:

Although oral and maxillofacial surgeons primarily treat the area of head, neck, and oral cavity, this is a part of your entire body. Health problems that you may have or medication that you may be taking could have an important interrelationship with the care that you will be receiving. Thank you for answering the following questions. Your answers are for our records only and will be considered confidential.

Present illness and chief complaint: _____

Height _____ Weight _____ Are you in good health?	Yes	No
Have there been any changes in your general health in the past year?	<input type="checkbox"/>	<input type="checkbox"/>
Are you under the care of a physician? _____ Date of last visit: _____	<input type="checkbox"/>	<input type="checkbox"/>
If so, for what are you being treated? _____		
Have you had any illness, operation or been hospitalized in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>
Explain: _____		
Do you have unhealed injuries or inflamed areas in or around your mouth, growth or sore spots in your mouth?	<input type="checkbox"/>	<input type="checkbox"/>
If so, describe where _____		
Do you have any lesions, lumps, or bumps located in your head or neck region?	<input type="checkbox"/>	<input type="checkbox"/>
If so, describe where _____		

HAVE YOU HAD OR DO YOU CURRENTLY HAVE...		Yes	No	NOTES
1.	Rheumatic fever?			
2.	Damaged heart valves/ mitral valve prolapse?			
3.	Heart murmur?			
4.	High blood pressure?			
5.	Low blood pressure?			
6.	Chest pain, angina?			
7.	Heart attack(s)?			
8.	Irregular heart beat?			
9.	Cardiac pacemaker?			
10.	Heart surgery?			
11.	Bronchitis, chronic cough?			
12.	Asthma?			
13.	Hayfever/Sinus problems?			
14.	Tuberculosis?			
15.	Emphysema?			
16.	Difficulty breathing?			
17.	Any other lung trouble?			
18.	Do you smoke?			
19.	Blood disorder such as anemia?			
20.	Bruise easily?			
21.	Bleeding tendency (abnormal bleed)?			
22.	Jaundice, hepatitis or liver disease?			
23.	Infectious mononucleosis?			
24.	Gallbladder trouble?			
25.	Fainting spells?			
26.	Convulsions, epilepsy?			
27.	Stroke?			

HAVE YOU HAD OR DO YOU CURRENTLY HAVE...		Yes	No	NOTES
28.	Thyroid trouble?			
29.	Diabetes?			
30.	Low blood sugar?			
31.	Kidney trouble?			
32.	Are you on dialysis?			
33.	Swollen ankles, arthritis or joint disease?			
34.	Stomach ulcers?			
35.	Contagious diseases?			
36.	Sexually transmitted diseases?			
37.	Problems of the immune system?			
38.	Artificial joints or metal plates?			
39.	A tumor or growth?			
40.	Mental health problems?			
41.	Are you wearing a removable dental appliance?			
42.	Are you on a diet?			
43.	Habit-forming drugs?			
44.	Alcohol beverages?			
45.	Contact lenses?			
46.	Eye disease/glaucoma?			
47.	X-Ray treatment/chemotherapy?			
48.	Blood transfusion?			
49.	Facial / oral pain?			
50.	Popping or clicking of the jaws?			
51.	Has your jaw ever locked open or closed?			
52.	Malignant hyperthermia?			
53.	Have you had anything to eat or drink in the last 8 hours?			
54.	Who is driving you home today?			