ORAL & FACIAL SURGERY
OF OKLAHOMA

HEALTH HISTORY

Patient:	Date of Birth:	Sex:
SSN:	Referral:	Date: July 3, 2003

	Allergies	Medications	SI
BP________________ Age________________ Temp______________ Pulse_______________			

❒ Pre-Op Instructions	❒ Op-Consent	❒ Chart Review	❒ Watched Video

DO NOT WRITE ABOVE THIS LINE – FOR OFFICE USE ONLY

1) Have you been hospitalized or had a serious illness within the last five years? _____ If yes, please explain
____

2) The name and address of my physician is ____

PLEASE CHECK ANY OF THE FOLLOWING WHICH YOU HAVE HAD

❒ Heart Trouble	❒ Asthma/Hay Fever	❒ Arthritis	❒ Difficulty Breathing
❒ Hives/Skin Rash	❒ Kidney Trouble	❒ Tuberculosis	❒ Radiation Treatment
❒ Diabetes	❒Bleeding Problems	❒ Colitis	❒ HIV Positive
❒ Sickle Cell Anemia	❒ Stomach Ulcers	❒ Glaucoma	❒ High Blood Pressure
❒ Thyroid Problems	❒ Fainting Spells	❒ Venereal Disease	❒ Anemia/Blood Disorder
❒ Seizures	❒ Stroke	❒ Hepatitis/Liver Disease	❒ Low Blood Pressure
❒ AIDS	❒ Rheumatic Fever	❒ Heart Murmur	❒ Other
❒ Rheumatism	❒ Problems w/Tooth Extractions	❒ Allergies/Sinus Problems	

PLEASE LIST ANY MEDICATIONS YOU ARE PRESENTLY TAKING

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PLEASE CHECK ANY OF THE FOLLOWING TO WHICH YOU ARE ALLERGIC OR HAVE REACTIONS

❒ Local Anesthesia	❒ Sulfa Drugs	❒ Penicillin or other Antibiotics
❒ Aspirin	❒ Iodine	❒ Other:

3) Do you have any disease, condition or problem not listed above that you think we should know about?
______________, if so, please explain ____

WOMEN: ANY elective surgery and anesthesia during pregnancy is potentially harmful to the developing fetus. You have the option of consulting with your physician to rule out a pregnancy before your surgical procedure.

Is there any possibility that you are pregnant? Yes ❒ NO ❒
Do you wish to consult with your physician about the possibility of pregnancy prior to scheduling your surgery at the Oral & Facial Surgical Center? Yes ❒ NO ❒
Is there anything you wish to discuss with your oral surgeon privately? Yes ❒ NO ❒
Do you have any problems with your menstrual period? Yes ❒ NO ❒
____

X____
Signature of Patient (or Parent if patient is a minor) on July 3, 2003