IMPACT
oral surgery

HEALTH QUESTIONNAIRE

Please mark all that apply.

1. CARDIOVASCULAR DISEASE

- ☐ High Blood Pressure
- ☐ Low Blood Pressure
- ☐ Arteriosclerosis
- ☐ Heart Attack
- ☐ Heart Bypass Surgery
- ☐ Prosthetic Heart Valves
- ☐ Congenital Heart Malformations
- ☐ Hypertrophic Cardiomyopathy
- ☐ Mitral Valve Prolapse
- ☐ Heart Murmur
- ☐ Rheumatic Fever
- ☐ Bacterial Endocarditis
- ☐ Heart Stents or Shunts
- ☐ Osteoporosis
- ☐ Other

2. OTHER

- ☐ Diabetes, taking insulin?

  Insulin name: _____
- ☐ Blood transfusion since 1980?
- ☐ Hepatitis: A __ B __ C __
- ☐ Jaundice, liver disease
- ☐ Stomach Ulcers
- ☐ Kidney Problems
- ☐ Arthritis or Rheumatism
- ☐ Tuberculosis
- ☐ Venereal Disease or AIDS virus
- ☐ Abnormal Bleeding
- ☐ Anemia
- ☐ Cancer: Radiation / Chemotherapy
- ☐ Have you had any joint replacements?
- ☐ Are you pregnant? How many months? _____
- ☐ Sinus trouble
- ☐ Hay Fever
- ☐ Asthma
- ☐ Cocaine use
- ☐ Stroke
- ☐ Angina / Chest Pain
- ☐ Irregular Heart Beat
- ☐ Pacemaker / Implanted Defibrillator
- ☐ Autoimmune Disease / Lupus
- ☐ Thyroid Disease
- ☐ Organ Transplant
- ☐ Epilepsy / Seizure
- ☐ Psychiatric Treatment
- ☐ Emphysema / Bronchitis
- ☐ Other

3. ARE YOU ALLERGIC TO ANY OF THE FOLLOWING?

- ☐ Penicillin / Antibiotics
- ☐ Sulfa Drugs
- ☐ Codeine
- ☐ Iodine
- ☐ Aspirin
- ☐ Local Anesthetic

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4. ARE YOU CURRENTLY TAKING ANY MEDICATIONS?

- ☐ Sulfa Drugs
- ☐ High Blood Pressure
- ☐ Tranquilizers
- ☐ Aspirin
- ☐ Antihistamines
- ☐ Cortisone
- ☐ Digitalis
- ☐ Drugs for Heart Disease
- ☐ Antibiotics
  - Names of Antibiotic: _____
  - Date Started: _____
- ☐ Vitamins and/or Herbals
- ☐ Appetite Suppressants

List any other medications you are taking currently:

_____

_____

_____

5. Are you taking any of the following medications: Fosamax, Actonel, Boniva, Didronel, Skelid, Aredia, Bonefos, Zometa?

_____

_____

_____

6. Have you had any problems associated with previous dental treatment?

_____

_____

_____

7. Have you had any serious illness or operations in the past?

_____

_____

_____

Please sign your name and date this after reading and completing this form.

Signature _____ Date _____

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