

IMPACT

oral surgery

Affiliate of  RockDental
BRANDS

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

JOSHUA LEAL, DDS

501.408.4774 • 844.672.2867

IMPACTORALSURGERY.COM

IMPACT

oral surgery

Affiliate of  RockDental
BRANDS

HEALTH QUESTIONNAIRE

Please mark all that apply.

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

JOSHUA LEAL, DDS

501.408.4774 • 844.672.2867

IMPACTORALSURGERY.COM