

**PLEASE FILL OUT ALL QUESTIONS COMPLETELY**

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE \_\_\_\_\_

**MEDICAL HISTORY**

1. Have you ever suffered from?

Yes No

- Heart disease \_\_\_\_\_
- High blood pressure \_\_\_\_\_
- Heart Attack \_\_\_\_\_
- Emphysema \_\_\_\_\_
- Asthma \_\_\_\_\_
- Blood Disease \_\_\_\_\_
- Kidney Disease \_\_\_\_\_
- Glaucoma \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Jaundice/Hepatitis \_\_\_\_\_
- Cancer \_\_\_\_\_
- Anemia \_\_\_\_\_
- Thyroid Disease \_\_\_\_\_
- Bruise easily \_\_\_\_\_
- HIV \_\_\_\_\_
- Facial Trauma \_\_\_\_\_
- Thyroid \_\_\_\_\_

2. Do you take any of the following?

- Blood pres. meds. \_\_\_\_\_
- St. John's Wort \_\_\_\_\_
- Aspirin \_\_\_\_\_
- Ginkgo \_\_\_\_\_
- Vitamin E \_\_\_\_\_
- Ginseng \_\_\_\_\_
- Garlic \_\_\_\_\_

3. Do you take Homeopathic or have you ever taken?

- Fen Fen \_\_\_\_\_
- Accutane \_\_\_\_\_
- Thyroid Med. \_\_\_\_\_
- When: \_\_\_\_\_

4. What medications are you currently taking? \_\_\_\_\_

5. List any medical problems? \_\_\_\_\_

6. Have you (or any relative) had a bad reaction from General or Local Anesthesia?

Explain: \_\_\_\_\_

7. Do you have any of the following habits?

Yes No

- Smoking \_\_\_\_\_ Frequency \_\_\_\_\_ Years \_\_\_\_\_
- Alcohol \_\_\_\_\_ Frequency \_\_\_\_\_ Years \_\_\_\_\_
- Recreational Drugs \_\_\_\_\_ Frequency \_\_\_\_\_ Years \_\_\_\_\_

8. What medications are you allergic to? \_\_\_\_\_

9. What is your physicians name: \_\_\_\_\_

Address: \_\_\_\_\_ Physical Date: \_\_\_\_\_

10. Have you had a recent: Yes No Normal Abnormal

Chest x-ray \_\_\_\_\_

Electrocardiogram \_\_\_\_\_

11. Do you have any eye problems? \_\_\_\_\_

Explain: \_\_\_\_\_

12. Have you ever had any previous surgery including plastic surgery?

What kind/When/Where? \_\_\_\_\_

13. Have you ever consulted a professional for emotional problems?

If yes, Who and when: \_\_\_\_\_

14. Do you have any caps, crowns, bridges, loose or false teeth?

15. Reason for today's visit: \_\_\_\_\_

16. How did you hear of our office?

Website? Yes No

Was it easy to find? Yes No

Was it easy to navigate? Yes No

Did it provide you with the information you needed? Yes No

17. Any other information? \_\_\_\_\_

18. Suggestions: \_\_\_\_\_