

## CONSCIOUS SEDATION HEALTH HISTORY

NAME \_\_\_\_\_ DATE \_\_\_\_\_

### CURRENT DOCTORS

Primary Care	Dr. _____	Last Exam / Physical		
		Ongoing Care?	No	Yes
Other Doctor(s)	_____	_____	_____	_____

### HOSPITALIZATION (Past 5 Years)

Date	Reason	Date	Reason

### MAJOR ORGAN SYSTEMS

Abnormal Heart	No	Yes	Heart Activity Detail
Previous Bacterial Endocarditis	No	Yes	
Heart Valve (artificial) or Heart Transplant	No	Yes	
Heart Disease / Heart Attack / Heart Surgery	No	Yes	
Heart Murmur / Mitral Valve Prolapse	No	Yes	
Heart Stent			
Diabetes	No	Yes	TYPE:      Last HgA1C:
Kidney Disease	No	Yes	
Liver Disease / Jaundice	No	Yes	

### BREATHING DISORDERS

Asthma	No	Yes	Treatment:
Sleep Apnea	No	Yes	Treatment:

### OTHER CONDITIONS:

Anemia or Blood Disorder?	No	Yes	Sore / Enlarged Lymph Nodes	No	Yes
Arthritis, Rheumatism, or inflammatory disease?	No	Yes	Psychosis	No	Yes
Abnormal Bleeding from a cut?	No	Yes	Rheumatic Fever	No	Yes
Emphysema or other Respiratory / Lung Illnesses	No	Yes	Slow-Healing Mouth Sores	No	Yes
Epilepsy	No	Yes	Unintentional Weight Loss / Gain	No	Yes
Fainting or Dizzy Spells	No	Yes	HIV, AIDS, or ARC	No	Yes
Glaucoma	No	Yes	Other Conditions or Recurrent Illnesses		
Hepatitis, Any Form	No	Yes			
Joint Replacement? Detail:	No	Yes			
Cancer or Tumors	No	Yes	Remission	Detail:	
Previous Biopsies	No	Yes	Detail:		
Radiation or Chemotherapy	No	Yes	Detail:		

### WOMEN:

Are you Pregnant	No	Yes	Planning Pregnancy	No	Yes
Nursing	No	Yes	Taking Birth Control	No	Yes

### TOBACCO / ALCOHOL / DRUGS

Do you use Tobacco	No	Yes	Smoke / Chew	How Much	How Long
Do you drink Alcohol	No	Yes	How many beverages?		
Do you use Mood-Altering Drugs	No	Yes	What type:		
Do you use Marijuana	No	Yes	Medical / Recreational		

### ALLERGIES

Local Anesthetic	No	Yes	Antibiotics	No	Yes
Aspirin / Motrin / Tylenol/ Celebrex	No	Yes	Codeine / Valium / Sedatives	No	Yes
Latex / Metals	No	Yes	Other Allergies		

**SPECIFIC MEDICATION CONSIDERATIONS**

Has a doctor advised you to take an antibiotic pre-medication before Dental appointments?	No	Yes	RX:	
<b>Over the Counter Antacids</b>	No	Yes		
<b>RX Antacids</b>	Tagamet (Cimetidine) / Prilosec (Omeprazole)			
<b>RX Seizure Meds</b>	Dilantin / Tegretol			
<b>RX High Blood Pressure Meds</b>	Cardizem (Diltiazem) / Calan / Isoptin (Verapamil)			
<b>RX Anti-Fungal Meds</b>	Diflucan (Fluconazole) / Sporonox (Itraconazole)			
<b>RX Antibiotic</b>	Biaxin (Clarithromycin)			
<b>RX Depression Meds</b>	Serzone (Nefazodone)			
<b>Stress / Depression</b>	St. John's Wort / Kava-Kava			
<b>Barbiturates/(Sedative)</b>	No	Yes		
<b>Bone Density (Bisphosphonates)</b>	Fosamax / Aredia / Zometa / Actonel / Boniva			
<b>RX Weight Loss</b>	Fen-Phen / Redux			
Do you consume Grapefruit in any form (Juice / Fruit / Extract)	NO	Yes		

**CURRENT MEDICATIONS, DIETARY or HERBAL SUPPLEMENTS,**

Medication / Supplement	Dosage	Medication / Supplement	Dosage

**BLOOD PRESSURE**

Diagnosed with High Blood Pressure	No	Yes	Medication?
Do you know your normal BP	No	Yes	What is it?
TODAY'S OXIMETER READING	Heart Rate:	Oxygen	BP:

**WEIGHT and DIET considerations**

Weight	Meals per Day	Dietary Restrictions	Food Allergies
Sugar in your diet (circle one): <i>none slight moderate high</i>			
Caffeine in your diet (circle one): <i>none slight moderate high</i>			

*Attach Patient's Oximeter Report HERE*

*I understand the above information is necessary to provide me with dental care in a safe and efficient manner. I have answered all questions to the best of my knowledge. Should further information be needed, you have my permission to ask the respective health care provider or agency, who may release such information to you. I will notify the doctor of change in my health and medication.*

\_\_\_\_\_  
Patient (Print Name)

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (Print Name)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Scott A. Watterson, D.D.S.

\_\_\_\_\_  
Date

Approved Pre-Op Medications & Special Considerations			
Diazepam	MG	<i>no later than 10pm night before</i>	
Triazolam	MG	<i>1 hour before appt</i>	
Diabetic PreOp	No	YES	
Preg Test PreOp	No	YES	
Antibiotic: Post-Op Precaution			Scott A. Watterson, D.D.S. Date

