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|---|-----|----|
| 11. When you walk up stairs or take a walk, do you ever have to stop because of pain in your chest, shortness of breath, or because you are very tired? | YES | NO |
| 12. Do your ankles swell during the day? | YES | NO |
| 13. Have you ever had periodontal treatment? | YES | NO |
| 14. Are you allergic to (i.e. itching, rash, swelling of hands, feet, or eyes) or made sick by penicillin, aspirin, codeine, or any drugs or medications? | YES | NO |
| 15. Are you taking any medicine or drugs? | YES | NO |

Please list: _____

- | | | |
|---|-----|----|
| 16. Do you take aspirin daily? | YES | NO |
| 17. Do you take calcium channel blockers? | YES | NO |
| 18. Do you take or have taken Osteoporosis medications such as: Fosamax, Boniva, Reclast, Actenol? | YES | NO |
| 19. Do you take vitamins or herbals such as: Ginko, Garlic, Ginger, Ginseng Grapeseed Ext., Fish Oil? | YES | NO |
| 20. Have you lost or gained more than 10 pounds in the last year? | YES | NO |
| 21. Do you every wake up from sleep short of breath? | YES | NO |
| 22. Are you on a special diet? | YES | NO |
| 23. Do you have any disease, condition, or problem not listed? | YES | NO |
| 24. WOMEN: Are you pregnant now? | YES | NO |
| Are you taking birth control pills? | YES | NO |
| Do you have children? Number? _____ | YES | NO |
| Were there any delivery complications? | YES | NO |

To the best of my knowledge, all of the preceding answers are true, complete, and correct. If I ever have any change in my health or medicines, I will inform the doctor at the next appointment. I request and consent to examination, records, and photographs necessary or advisable in the doctor's opinion. I understand informed consent will be given prior to surgical procedure.

 Signature - Patient/Guardian

 Reviewed by

 Date

PLEASE DO NOT WRITE BELOW THIS LINE

ASA	Medical Problems	Medications	Blood Pressure	Weight	Pulse	Resp.
I.						
II.						
III.						
IV.						

Allergies: