AMES ORAL SURGEONS PC
MARSHALLTOWN ORAL SURGEONS PC

MEDICAL HISTORY

Name: _____ Age: _____

Height: _____ Weight: _____ Sex: _____

*Please answer all questions correctly and completely. Your answers are for our records only and will be kept confidential.

ALLERGIES & MEDICATIONS

Please list all known allergies : _____

Please list all current medications, including non-prescription, homeopathic, natural remedies and vitamins:

☐ See medication list provided _____

- Do you have, or have you had, any of the following diseases or problems?:

☐ Heart Murmur	☐ Emphysema or COPD	☐ Kidney Problems	☐ Neck Injury
☐ Heart Disease	☐ Other Lung Disease	☐ Latex Allergy	☐ Arthritis
☐ Rheumatic Fever	☐ Obstructive Sleep Apnea	☐ Anxiety or Depression	☐ Tumor or Cancer
☐ Chest Pain	☐ Sinus Trouble	☐ Anemia	☐ AIDS or HIV+
☐ Heart Arrhythmia	☐ Ulcers/Colitis	☐ Other Blood Disorder	☐ TMJ Disorder
☐ High Blood Pressure	☐ Hepatitis/Jaundice	☐ Epilepsy or Seizures	☐ Other Disease/Condition Not Listed
☐ Shortness of Breath	☐ Other Liver Disease	☐ Stroke	_____
☐ Asthma	☐ Diabetes	☐ Thyroid Disease	

Are there any other conditions/medical problems your doctor should be aware of?: _____

- Referred By: _____ Reason for referral: _____ Dentist: _____
- Do you take blood thinners (Coumadin, Warfarin, Plavix, Effient, Pradaxa, Eliquis, Other_____)? .. ☐ Yes ☐ No
- Do you take aspirin? ☐ Yes ☐ No
- Have you ever had a total joint replacement (Hip, Knee, Shoulder)? Year_____ ☐ Yes ☐ No
- Do you or have you previously smoked or chewed tobacco? ☐ Yes ☐ No
  If yes, how much: _____ If previously smoked, duration: _____
- Do you drink alcohol on a regular basis? ☐ Yes ☐ No
- Do you use any recreational drugs? ☐ Yes ☐ No
- Do you have a history of alcohol or substance abuse? ☐ Yes ☐ No
- Have you or a family member ever had any problem with General Anesthesia? ☐ Yes ☐ No
- Have you ever been treated with prednisone or other steroids for greater than 2 weeks at a time? .. ☐ Yes ☐ No
- Are you being treated with/have you ever taken Aredia or Zometa ☐ Yes ☐ No
- Are you/have you ever taken Fosamax, Actonel, Reclast, Boniva or Prolia for Osteoporosis? ☐ Yes ☐ No

WOMEN ONLY

- Are you pregnant or trying to conceive? ☐ Yes ☐ No
- Are you nursing? ☐ Yes ☐ No
- Are you on birth control pills? ☐ Yes ☐ No
- **If you are using Oral Contraceptives:** Antibiotics may neutralize the effect of birth control pills, allowing for conception & pregnancy. If you are placed on antibiotics and are using birth control pills, you should consult with your personal physician to initiate additional forms of birth control and continue them until advised by him that you can return solely to the use of birth control pills.

I understand the importance of a complete and truthful health history to assist the doctor in providing care.

Signature: _____ Date: _____
(Parent or Legal Guardian if Minor)

Ames Oral Surgeons, P.C. and Marshalltown Oral Surgeons, P.C. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-515-232-6830.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-515-232-6830。