ALAMITOS ORAL SURGERY

HEALTH HISTORY FORM

Patient Name: ____________________ ____________________ __________________
LAST FIRST MIDDLE

1. Reason for consultation: ______________________
____
____
____

2. List previous or chronic illness: ________________
____
____
____

3. List any previous surgeries or hospitalizations: _____
____
____
____

4. List your current medications: _________________
____
____
____

5. List your allergies: ___________________________
____
____
____

6. Do you drink alcohol?
□ Yes □ No
How much? ______________________________

7. Do you smoke or chew tobacco?
□ Yes □ No
How much? ______________________________

8. Do you use any other drugs, prescription or no?
□ Yes □ No
Which ones? _____________________________

9. Have you ever taken "bone support" medication:
□ Fosamax (Alendronate) □ Actonel (Risedronate)
□ Boniva (Ibandronate) □ Didronel (Etidronate)
□ Zometa or Reclast (Zolendronic acid)
□ Prolia or Xgeva (Denosumab)
□ Forteo (Teriparatide)

10. Do you take blood thinners?
□ Coumadin (Warfarin) □ Aspirin
□ Plavix (Clopidogrel) □ Pradaxa (Dabigatran)

11. Have you ever taken immune modulators?
□ Prednisone □ Enbrel (Etanercept)
□ Humira (Adalimumab) □ Remicade (Infliximab)
□ Methotrexate

12. Check the boxes below if you have or have ever had any of the following:

□ Bleeding tendencies □ Congenital heart disease
□ Blood disorders □ Heart murmur
□ Easy bruising □ Pacemaker
□ Anemia □ Artificial heart valve
□ Blood transfusion □ Stroke
□ Cancer of any kind □ Arthritis
□ Leukemia □ Rheumatic fever
□ Lymphoma □ Glaucoma
□ Immunosuppression □ Artificial joint
□ Chemotherapy □ Diabetes
□ Radiation treatment □ Thyroid disease
□ Lung disease □ Seizure
□ Asthma □ Epilepsy
□ Emphysema □ Depression
□ Pneumonia □ Bipolar disorder
□ Bronchitis □ Schizophrenia
□ Tuberculosis □ Liver disease
□ Sinus infections □ Hepatitis
□ Shortness of breath □ HIV
□ High blood pressure □ Kidney disease
□ Heart disease □ Stomach ulcers
□ Crohn's disease □ Coronary artery disease
□ Chest pain □ Crohn's disease
□ Radiation Therapy □ Rheumatic heart disease

I understand the importance of providing a truthful health history to assist my doctor in providing the best possible care. I have had the opportunity to discuss my health history with my doctor and the information I have provided is complete and accurate.

Date: ______ / ______ / ______

Patient's Signature: ___________________________

Doctor's Signature: ___________________________