

Gulf Coast Oral and Facial Surgery, PA

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Toll-Free Watts Line 1-800-325-5925

1. Are you in good health? Y N
2. Are you now under a physician's care? Physician's name \_\_\_\_\_ Y N
3. Are you taking any medication(s) including nonprescription? Y N  
List: \_\_\_\_\_
4. Date of last physical exam \_\_\_\_\_
5. Have you had any serious illnesses, surgeries or hospitalizations? Y N  
Explain: \_\_\_\_\_
6. Allergies? List: \_\_\_\_\_
7. Are you allergic to or had reaction to:
  - Local anesthetic (novocaine, etc.) Y N
  - Antibiotics (penicillin, etc.) Y N
  - Pain Medicine Y N
  - Sedatives Y N
  - Latex / rubber products Y N
8. Have you had any adverse effects from dental treatment? Y N
9. Do you smoke or chew tobacco? Y N
10. Have you ever sought professional care for drug abuse, alcoholism or emotional disorders? Y N

11. Do you have or have you had:

	YES	NO		YES	NO
<b>HEART DISEASE</b>			<b>LIVER DISEASE</b>		
*Rheumatic Fever			Hepatitis (Yellow/Jaundice)		
*Rheumatic Heart Disease			Cirrhosis		
*Heart Murmur			<b>DIABETES (Sugar)</b>		
*Mitral Valve Prolapse			Do You Take~Insulin?		
High Blood Pressure			<b>THYROID DISEASE</b>		
Angina			<b>GLAUCOMA</b>		
Heart Attack (Coronary)			<b>SEIZURE DISORDER</b>		
*Heart Defects			<b>BLEEDING PROBLEMS</b>		
Stroke			<b>ANEMIA</b>		
Abnormal Electrocardiogram (EKG)			AIDS or HIV Positive		
Heart Surgery			SICKLE CELL ANEMIA or TRAIT		
*Pacemaker			TUMOR or CANCER		
<b>LUNG DISEASE</b>			<b>RADIATION (Cobalt) THERAPY</b>		
Bronchitis			*HIP JOINT SURGERY		
Asthma					

12. Women: Are you pregnant? Y N
- Are you taking birth control pills? Y N
- Are you taking hormone replacements? Y N

I UNDERSTAND THE IMPORTANCE OF A TRUTHFUL HEALTH HISTORY TO ASSIST THE DOCTOR IN PROVIDING THE BEST CARE POSSIBLE. I HAVE THE OPPORTUNITY TO DISCUSS MY HEALTH HISTORY WITH MY DOCTOR.

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Signature of Person Completing Health History Date Dr's. Initials