MEDICAL HISTORY

Please email completed form to: info@comfort-anesthesia.com

PATIENT INFORMATION

Last Name: ________________________________ First Name: ____

Age: ________ DOB: __________ Height: ________ Weight: ________ ◻ Male ◻ Female

Tel. Number: _________________________ Email: ____

Mailing Address: ____

Name of Dentist/Office: ____

MEDICAL HISTORY

1. List any allergies to medications or latex: ____
2. Do you have any bleeding disorders or are you on any blood thinners? ◻ Yes ◻ No
3. Have you had anesthesia before? ◻ Yes ◻ No

   If yes, for what procedures: ____

4. Have you or a relative had a **complication with anesthesia** such as fever or difficult airway? ◻ Yes ◻ No

   If yes, explain: ____

5. List any medications or supplements you are currently taking: ___________________________________

   ____

Have you had or currently experience any of the following? Please Explain:

Yes	No	
		Heart Disease
◻	◻	High Blood Pressure
◻	◻	Heart Attack
◻	◻	Coronary Stents
◻	◻	Chest Pain/Angina
◻	◻	Heart Murmur
◻	◻	Heart Valve Disease
◻	◻	Irregular Heart Beat
◻	◻	Abnormal EKG
◻	◻	Pacemaker and/or Defibrillator
		Lung Disease
◻	◻	Sleep Apnea
◻	◻	Asthma
◻	◻	COPD/Emphysema
◻	◻	Pneumonia
◻	◻	Tracheostomy
◻	◻	Smoking; Packs Per Day ________
		Other Disease
◻	◻	Diabetes
◻	◻	Thyroid Disease
◻	◻	Kidney Disease
◻	◻	Acid Reflux/GERD
◻	◻	Hepatitis or Liver Disease
◻	◻	Anemia
◻	◻	Stroke
◻	◻	Blood Clots
◻	◻	Neuromuscular Disease
◻	◻	Epilepsy or Seizures
◻	◻	Developmental Delay

Yes	No	
◻	◻	Cerebral Palsy
◻	◻	Down Syndrome
◻	◻	Autism
◻	◻	ADHD
◻	◻	HIV/AIDS
◻	◻	Cancer
◻	◻	Recreational Drug Use: _______________
◻	◻	Alcohol Use; Amount: _______________
		Anesthesia Specific Questions
◻	◻	Can you climb a flight of stairs with ease?
◻	◻	Mouth or Jaw problems?
◻	◻	Mobility issues?
◻	◻	Nerve Damage?
◻	◻	Any neck movement problems?
◻	◻	Do you use an inhaler?
◻	◻	Do you use a CPAP machine?
◻	◻	Slow gastric emptying?
◻	◻	Do you have any other medical problems we should be aware of?

Please use the space below to provide additional medical information or expand on a current medical condition: