

# ADVANCED ORAL SURGERY OF THE FINGER LAKES: Medical History and Evaluation

Name: \_\_\_\_\_ Gender: **M** **F** Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**Do you/Have you ever had:** **YES**

**NO**

**DOCTOR'S NOTES:**

**Recent** Illness/Cough/Cold \_\_\_\_\_

Nasal Obstruction \_\_\_\_\_

Heart Problems/Murmur \_\_\_\_\_

Artificial Heart Valve? \_\_\_\_\_

Rheumatic Fever \_\_\_\_\_

Chest Pain \_\_\_\_\_

Shortness of Breath \_\_\_\_\_

Swollen Ankles \_\_\_\_\_

High Blood Pressure \_\_\_\_\_

Ulcer \_\_\_\_\_

Anemia \_\_\_\_\_

Bleeding Problems \_\_\_\_\_

Diabetes \_\_\_\_\_

Low Blood Sugar \_\_\_\_\_

Kidney Disease \_\_\_\_\_

Liver Disease \_\_\_\_\_

Emphysema \_\_\_\_\_

Asthma \_\_\_\_\_

Bronchitis \_\_\_\_\_

Stroke \_\_\_\_\_

Seizures \_\_\_\_\_

Arthritis \_\_\_\_\_

Psychiatric Treatment \_\_\_\_\_

Hepatitis \_\_\_\_\_

HIV/ AIDS \_\_\_\_\_

TB \_\_\_\_\_

Cancer \_\_\_\_\_

Radiation/Chemotherapy \_\_\_\_\_

Artificial Joints, Plates,

Screws, or Pins \_\_\_\_\_

Eye Surgery \_\_\_\_\_

Blood thinners \_\_\_\_\_

Birth control pills \_\_\_\_\_

Do you smoke? \_\_\_\_\_

Are you pregnant/nursing? \_\_\_\_\_

Take Bisphosphonates \_\_\_\_\_

**Allergies To:** Penicillin \_\_\_\_\_

Codeine \_\_\_\_\_

Aspirin \_\_\_\_\_

Demerol \_\_\_\_\_

Latex \_\_\_\_\_

Shellfish \_\_\_\_\_

Peanuts \_\_\_\_\_

**Other DRUG allergies?** \_\_\_\_\_

**Other allergies?** \_\_\_\_\_

**Previous Surgery Type:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Your Physician:** \_\_\_\_\_

**Your Dentist:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_

**I have been offered a copy of the HIPPA Notice of Privacy Practices:** \_\_\_\_\_ **Accept** ☐ **Decline** ☐

If yes, how much do you smoke?

Fosamax, Actonel, Boniva, Aredia, Zometa, Xgeva, Reclast, Prolia

**Please list any medications you are taking and dosage:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you have any other medical problems not listed here?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Medical History Updates

Date: \_\_\_\_\_

HIPAA Privacy Policy Offered By: \_\_\_\_\_

Declined ☐ Accepted ☐

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Weight \_\_\_\_\_

Primary Physician \_\_\_\_\_

Date: \_\_\_\_\_

HIPAA Privacy Policy Offered By: \_\_\_\_\_

Declined ☐ Accepted ☐

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Weight \_\_\_\_\_

Primary Physician \_\_\_\_\_

Date: \_\_\_\_\_

HIPAA Privacy Policy Offered By: \_\_\_\_\_

Declined ☐ Accepted ☐

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Weight \_\_\_\_\_

Primary Physician \_\_\_\_\_

Date: \_\_\_\_\_

HIPAA Privacy Policy Offered By: \_\_\_\_\_

Declined ☐ Accepted ☐

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Weight \_\_\_\_\_

Primary Physician \_\_\_\_\_