

HARVARD ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES

PATIENT HEALTH HISTORY – PAGE 1 of 2

Please fill out this form completely and accurately. Your answers are to assist in planning your care and are strictly confidential.

Patients Name: _____	Date of Birth: _____
Address: _____	City: _____ State: _____
Telephone # Home: _____	Work: _____
Primary Care Physician: _____	Telephone # _____
Dentist/ Orthodontist: _____	Telephone # _____
Referred By: _____	Telephone # _____

Describe your current health..... Excellent Good Fair Poor

Have there been any changes in your general health in the past year? Yes No

Are you under the care of a physician?..... (condition) Yes No

Date of last visit: _____

Have you had any illness, operation, or been hospitalized in the past five years? Yes No

Have you had any adverse effects from dental treatment?..... Yes No

Please describe the symptoms you are having today: _____

PAIN SCALE: How would you rate your pain today (1 = no pain, 10 = worst pain).

Please circle number 1.....2.....3.....4.....5.....6.....7.....8.....9.....10

Have you ever had a reaction to:	Yes	No	Notes	Have you ever had a reaction or allergy to:	Yes	No	Notes
Local anesthetics (novocaine, lidacaine, etc)?				Penicillin, amoxicillin or cephalosporins?			
Sodium pentothal or other anesthetic drugs?				Other allergies? (Please list)			

Have you had or do you currently have...	Yes	No	Notes	Have you had or do you currently have...	Yes	No	Notes
Rheumatic fever?				Swollen ankles, arthritis or			
Heart murmur?				Joint disease?			
High blood pressure?				Convulsions, epilepsy?			
Chest pain, angina?				Stroke?			
Heart attack(s)?				Thyroid disease?			
Bronchitis, chronic cough?				Diabetes?			
Asthma?				Kidney disease?			
Tuberculosis?				Stomach ulcer or colitis?			
Emphysema?				Problems of the immune system?			
Difficulty breathing?				X-Ray treatment chemotherapy?			
Do you smoke/chew tobacco?				Alcohol beverages?			
Blood disorder such as anemia?				Artificial joints?			
Blood transfusion?				General anesthesia?			
Bleeding tendency?				Significant weight loss or gain?			
Jaundice or hepatitis?				Weight?			
Taken steroids of any type?				Cancer/malignancy?			
WOMEN only: **Antibiotics (such as penicillin) may alter the effectiveness of birth control pills. Consult your physician for assistance regarding alternative methods of birth control.				Are you pregnant or planning pregnancy?			
				Are you nursing?			
				Are you taking birth control pills?			

Do you have a family history of any of the following?				
	Yes	No	Relationship	Notes
Diabetes?				
Heart Disease?				
Bleeding problems?				
Reaction to Anesthesia?				
Cancer?				
Lung Disease?				

Do you have any other disease, condition or problem not listed on this form that the doctor should be aware of? No Yes **If yes, please specify below:**

MEDICATION HISTORY			
ARE YOU NOW TAKING	Yes	No	Notes
Any prescription medications?			
Over-the-counter medications?			
Herbal or homeopathic remedies?			
Do you smoke or chew tobacco?			How much?
Do you use alcohol?			Drinks/day?
Marijuana or “street drugs”?			

	Yes	No	Dates:
Have you ever sought professional care or been hospitalized for:			
Drug abuse?			
Alcoholism?			
Emotional disorders?			

Additional medications:

I hereby state that I have answered all of the questions accurately to the best of my knowledge. This form will reveal my complete medical history and assist my doctor in providing the best care possible. I will not hold the doctor or Harvard Oral & Maxillofacial Surgery Associates responsible for any errors or omissions that I have made in completing this form.

Signature of patient / parent or guardian if minor

Date

Reviewed by _____
Doctor’s initials

The information in this document is intended only for the person/persons directly involved with the patients’ care and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon this information by persons or entities other than the intended care provider is prohibited by law.