

Medical History

Past medical history: (Circle all that apply)

Coronary artery disease or heart problems Respiratory problems

High blood pressure Diabetes Elevated cholesterol Hx of hepatitis

List other major medical problems: _____

List major surgeries: _____

Have you ever had an allergic reaction to “Novocaine” or other local anesthetics? Yes No If yes, please explain _____

List allergies to other medications: _____

Do you take aspirin, motrin, coumadin or other blood thinners

Please list current medications _____

Are you a cigarette smoker? Yes No If yes, pack(s) per day _____

Average alcohol consumption: Never Occasional Moderate Heavy

Patient signature _____