



Oral Surgery Specialists of Tennessee, P.C.

Date
Chart #
Doctor #

Medical History

Patient Name:	Age:	Personal Dentist:
Referred by:	Primary Care Physician:	
Please give the name, address, and phone number of a person outside your household who could help us in contacting you.		
What other relatives have been treated by this office?		

Why did you come to our office? What do we need to help you with?	Do you or have you had any of the following:	
	Yes	No
	Rheumatic Fever	
List the Surgeries that you have had:	Yes	No
	High Blood Pressure	
	Yes	No
Yes No Did you have general anesthesia?	Stroke	
	Yes	No
	Heart Disease (heart attack, murmur, angina, valve replacements, bypass surgery)	
List the medicines that you are presently taking:	Yes	No
	Lung Disease (asthma, emphysema, TB)	
	Yes	No
What medicines are you allergic to? Penicillin Aspirin Demerol Codeine Sulfa Others?	Kidney Disease	
	Yes	No
	Liver Disease (hepatitis, jaundice, cirrhosis)	
Yes No Do you drink alcohol?	Yes	No
	Epilepsy or Seizures	
	Yes	No
Yes No Do you have a history of drug use or abuse?	Mental Illness	
	Yes	No
	Mental Handicap	
Yes No Family history of bleeding or anesthesia reactions?	Yes	No
	Fever Blisters	
	Yes	No
Yes No Are you being treated by a physician for any illness?	TMJ (jaw joint) Problems	
	Yes	No
	Bleeding Disorders	
Yes No Do you have osteoporosis?	Yes	No
	Have you ever had a blood transfusion?	
	Yes	No
Yes No Are you taking any of the following: Zometa Aredia Fosamax Boniva Actonel	Have you had hip or joint replacements?	
	Yes	No
	Immune Diseases	
Yes No Thyroid problem	Yes	No
	Do you smoke cigarettes, cigars, pipes, or use smokeless tobacco?	
	Yes	No
Gastrointestinal Disease (ulcers, colitis, diverticulitis, reflux)		
Diabetes		
Arthritis		
Ladies—Are you pregnant?		

I understand the information I have provided on this form is essential to determine my surgical needs and that I have answered all questions truthfully. I will report any changes in my health history as soon as possible.

Signature (Parent or Guardian) _____ Date _____ OSST