Dr. Tyler E. Nelson DMD MD
Oral & Maxillofacial Surgery

HEALTH QUESTIONNAIRE

Y N Anemia	Y N Hay Fever	Y N Heart Trouble
Y N Bleeding Disorder	Y N Sinus Problems	Y N Heart Attack, What Year____
Y N HIV/AIDS	Y N Tuberculosis	Y N Heart Murmur
Y N Hepatitis Type ____	Y N Tobacco/Smoking	Y N Mitral Valve Prolapse
Y N Liver Disease	Y N Lung Disease	Y N Chest Pain or Angina
Y N Alcohol Usage	Y N Colon Disease	Y N Pacemaker/Artificial Valves
Y N Drug Usage	Y N Stomach Problems/Ulcers	Y N Frequent Swollen Ankles
Y N Cancer Type ____	Y N Frequent Headaches	Y N Arthritis
Y N Chemotherapy	Y N Psychiatric Care	Y N Cortisone Treatment
Y N Radiation Therapy	Y N Nervous Disorder	Y N Artificial Joints
Y N Head/Neck Radiation	Y N Epilepsy/Seizures	Y N Osteoporosis
Y N Diabetes	Y N Fainting	Y N Thyroid Problems
Y N Kidney Disease	Y N Glaucoma	Y N Jaw Pain/TMJ
Y N Asthma	Y N Low Blood Pressure	Y N Recent Cough or Cold
Y N Bronchitis	Y N High Blood Pressure	Y N Unexplained Weight Loss
Y N Emphysema	Y N Stroke, What Year _____	Y N Venereal Disease

Y N Other _____

ALLERY OR SENSITIVITY TO ANY OF THE FOLLOWING:

___Penicillin ___Aspirin ___Latex Gloves ___Barbiturates/Sleeping Pills
___Codeine ___Iodine ___Sulfa/Sulfur Drugs ___Novocaine/Local Anesthetics
___Peanuts ___Soy Additional allergies of medications not listed:_____

Have you ever used Fosomax, Zometa, Aredia, Boniva, Actonel, Skelid, Reclast, Didronel or any other type of Bisphosphonate? _____If yes, when and for how long?_____

Do you take or have taken: Coumadin, Aspirin, Ibuprofen, Advil, Motrin or Aleve? Please indicate the last time you took this medication: _____

Have you been hospitalized within the past 5 years? _____ If yes, Please explain _____

Have you been under the care of a physician within the past 2 years? _____ If yes, Please explain_____

Have you been taking medication within the past 2 years? _____If yes, please list meds: _____

Have you ever had general anesthesia for an operation? _____If yes, please explain_____

Have you or a family member ever had an unfavorable reaction to a general anesthetic?_____

WOMEN:

Are you pregnant? Y N Are you nursing? Y N Are you taking birth control pills? Y N

SIGNATURE: _____ DATE: _____

Oral Cancer Screen [ ] NORMAL [ ] FINDINGS_____
Dr.'s initials _____ Date _____ Time _____