FishHawk
ORAL SURGERY
Dr. Patrick A. Abbey, D.M.D., P.A.

Patient Information

Name of Patient: _____
Age: _____ Weight: _____ Sex: _____ D.O.B. _____
Referred by: _____
Name of Family Physician: _____ Name of Family Dentist: _____
Are you presently or within the past year under the care of a physician? _____Yes _____ No
Why? _____

Are you now or in the past been treated for any of the following conditions? Please check the appropriate column.

	YES	NO		YES	NO
Heart Condition			Allergy to Food or Drugs?		
Heart Murmur (Rheumatic Fever)			If so, What?		
Stroke			Epilepsy (Seizures)		
Diabetes			Excessive Bleeding		
Hepatitis			Are You Now Pregnant?		
Kidney (Disease)			Arthritis		
Asthma			Pneumonia		
Thyroid Condition			TB		
High Blood Pressure			Emphysema		
Anemia			Angina (Chest Pain)		
List any other pertinent medical information:			Glaucoma		

Have you taken general anesthesia in the past, either in the hospital or office?

Do you now or have you in the past, taken any of the following drugs? Please check the appropriate column.

	YES	NO		YES	NO
Heart Medicine			Blood Thinners (Coumadin, Dioumerol)		
Steroids (Cortisone)			Insulin		
High Blood Pressure Pills			Dilantin		
Sedatives (Valium)			Tranquillizers		
Diuretic (Water Pills)			Penicillin		
Thyroid			List current medications:		
Drug Addiction					
Alcoholism					

Have you ever taken medication for Osteoporosis?
In your own words, describe what brought you to our office: _____
_____
_____

I certify that I have read and understand the Medical Questionnaire and that the answers given by me are true to the best of my knowledge. I hereby authorize the doctor in charge of the treatment or administer any necessary anesthetic and perform such operation as may be deemed necessary or advisable in the diagnosis or treatment of this patient. I understand that I am responsible for all charges, whether or not paid by my insurance. I hereby authorize Dr. Abbey to release all information necessary to secure reimbursements from any insurance company to which I have subscribed. I have read and understand the above and agree to comply. Must be signed by a responsible adult.

Signed: _____ Date: _____
Effective Date: _____ ___Confirmation Dates: _____

24-HOUR NOTICE EXPECTED IN EVENT OF CANCELLATION OF APPOINTMENTS

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