Kamloops Oral & Maxillofacial Surgery Center

Dr. Bob Rishiraj
Oral and Maxillofacial Surgeon
Suite 204 - 474 Columbia St.
Kamloops, BC V2C 2T5

Tel 250-434-8350 *Fax* 250-434-8352 *Email* brishiraj@shaw.ca *Web* www.kamloopsoralsurgery.com

MEDICAL HISTORY QUESTIONNAIRE / RISK ASSESSMENT

Have you ever had a deep sedation? ☐ Yes ☐ No If yes, when? _____

Any complications? ☐ Yes ☐ No _____

Any history of familial sedation/anaesthetic complications? ☐ Yes ☐ No _____

Are you being treated for any medical condition at present or within the past two years? ☐ Yes ☐ No

If yes, please explain. _____

_____

When was your last visit to a physician? _____ Last complete medical examination? _____

Have you ever had a serious illness, accident, or required extensive medical care? ☐ Yes ☐ No If yes, please explain.

_____

Have you been hospitalized in the last ten years? ☐ Yes ☐ No If yes, please explain. _____

_____

Are you taking any prescription or non-prescription drugs? ☐ Yes ☐ No If yes, what is the drug(s), dose(s), and for how long? _____

Have you ever had a reaction to any drug(s) or been advised against taking any kind of medication? ☐ Yes ☐ No

If yes, please explain. _____

Do you have any sensitivities or allergies? ☐ Yes ☐ No If yes, please explain. _____

_____

Do you have any history of family disease? ☐ Yes ☐ No If yes, please explain. _____

_____

Indicate which of the following you presently have or ever had.

	Yes	No
AIDS	☐	☐
Alzheimers	☐	☐
Anemia	☐	☐
Angina pectoris	☐	☐
Arthritis/rheumatism	☐	☐
Artificial heart valve	☐	☐
Artificial joints	☐	☐
Asthma	☐	☐
Balance problems	☐	☐
Glaucoma	☐	☐
Headaches (severe)	☐	☐
Head/neck injuries	☐	☐
Hearing difficulties	☐	☐
Heart disease or attack	☐	☐
Heart murmur	☐	☐
Heart pacemaker	☐	☐
Heart rhythm disorder	☐	☐
Heart surgery	☐	☐
Hemophilia	☐	☐
Hepatitis A	☐	☐
Hepatitis B	☐	☐
Hepatitis C	☐	☐
Herpes	☐	☐
High/low blood pressure	☐	☐
Hodgkin's disease	☐	☐
Hyper(hypo) glycemia	☐	☐

	Yes	No
Bleed easily	☐	☐
Blood disorders	☐	☐
Blood in sputum	☐	☐
Bronchitis	☐	☐
Cancer	☐	☐
Cerebral palsy	☐	☐
Changes in appetite	☐	☐
Chest pains	☐	☐
Circulation problems	☐	☐
Hypertension	☐	☐
Impaired vision	☐	☐
Infective endocarditis	☐	☐
Jaundice	☐	☐
Kidney disease	☐	☐
Leukemia	☐	☐
Liver disease	☐	☐
Lung disease	☐	☐
Malignant hyperthermia	☐	☐
Medical implant	☐	☐
Mental/nervous disorder	☐	☐
Mitral valve prolapse	☐	☐
Nosebleeds (frequent)	☐	☐
Organ transplant	☐	☐
Persistent cough	☐	☐
Pulmonary edema	☐	☐
Positive testing for HIV	☐	☐

	Yes	No
Congenital heart lesions	☐	☐
Congestive heart failure	☐	☐
Cortisone/steroid therapy	☐	☐
Diabetes	☐	☐
Earaches (frequent)	☐	☐
Emphysema	☐	☐
Epilepsy or seizures	☐	☐
Fainting or dizzy spells	☐	☐
Glandular disorders	☐	☐
Psychiatric treatment	☐	☐
Radiation treatment/ chemotherapy	☐	☐
Rheumatic/scarlet fever	☐	☐
Shortness of breath	☐	☐
Sickle cell disease	☐	☐
Sinus trouble	☐	☐
Stomach/intestinal problems	☐	☐
Stroke	☐	☐
Temperature intolerance	☐	☐
Thyroid disease	☐	☐
Tuberculosis	☐	☐
Ulcers	☐	☐
Sexually tansmitted disease	☐	☐
Weight gain/loss	☐	☐
Other	☐	☐