SEDATION MEDICAL HISTORY

Patient Name ____

Date ____________________

1. Are you now under a physician's care or have you been during the past 5 years, including hospitalization(s) and surgery?

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2. Are you currently under a doctor's orders or taking any medication(s), including any birth control pills (BCPs), over-the-counter drugs, or homeopathic preparations? Are you pregnant, or planning to be pregnant? ______________________________

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3. Are you taking any of the following prescription drugs: erythromycin, clarithromycin (antibiotics); diltiazem, verapamil (calcium channel blockers); ketoconazole, fluconazole, itraconazole (anti-fungals); nefazodone/serzone (anti-depressants); ritonavir, nelfinavir (anti-virals); rifampin (anti-tuberculosis); carbamazine/tegretol, phenytoin/dilatin, MAO inhibitors (neurolgic Rx)? Do you drink grapefruit juice regularly? ____

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4. Do you have any allergies or are you sensitive to any drugs or substances such as penicillin, novocaine, aspirin, latex, or codeine?

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5. Do you have narrow angle glaucoma? Females: Are you pregnant or attempting to become pregnant?

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6. Have you ever bled excessively after a cut, wound, or surgery? Have you ever received a blood transfusion?

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7. Are you subject to fainting, dizziness, nervous disorders, seizures, or epilepsy? ______________________________

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8. Have you ever had any breathing difficulty, including asthma, emphysema, chronic cough, pneumonia, tuberculosis, sleep apnea, or any other lung disorders? Have you had your tonsils/adenoids removed? Do you use any tobacco products?

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9. Have you or your family members ever had any anesthesia related problems? ______________________________

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10. Do you have heart disease or a history of chest pain, palpations or cardiac arrhythmias?

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11. Is there anything you would like to discuss alone with the doctor? ______________________________

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12. Do you currently use alcohol or have a history of using any recreational drugs? ______________________________

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Patient signature ____ **Date** ____________________

NOTES/UPDATE: