

MEDICAL HISTORY QUESTIONNAIRE

The following information is required to enable us to provide you with the best possible care. All information is strictly private, and is protected by doctor-patient confidentiality. Please complete the entire form.

1. Are you being treated for any medical condition at the present or have been treated within the past year? If so, why?
Yes No Not Sure
2. When was your last general medical examination?
.....
3. Has there been any change in your general health in the past year? If yes, please explain. Yes No Not Sure
4. Are you taking any medication or herbal supplements? If yes, please list. Yes No Not Sure

Name of medication	Dosage (e.g mg,g,ml)	Frequency (e.g 8 hourly)
.....
.....
5. Are you currently using any anticoagulant medication (i.e Warfarin, disprin) Yes No Not Sure
If yes, what was your last INR count?.....
6. Have you ever had an adverse reaction to any medication or injections? If yes, please explain. Yes No Not Sure
7. Do you have any allergies? If yes, please list. Yes No Not Sure
8. Do you have a bleeding problem or a bleeding disorder? If yes, please explain. Yes No Not Sure
9. Do you have or have you ever had any heart or blood pressure problems? If yes, please explain. Yes No Not Sure
10. Have you ever received treatment for a thrombosis (blood clot)? If yes, please explain. Yes No Not Sure

11. Have you ever had a stroke or treatment to prevent a stroke? If yes, please explain. Yes No Not Sure
12. Do you have or have you ever had a replacement or repair of a heart valve, an infection of the heart (i.e infective endocarditis), a heart condition from birth (i.e congenital heart disease), a pacemaker, or a heart transplant. If yes, please explain. Yes No Not Sure
13. Do you have or have you ever had asthma? Yes No Not Sure
If yes, how often do you use the pump per day/week/month?
If yes, how often do you get an asthmatic attack?
14. Do you have a prosthetic or artificial joint (i.e hip or knee) If yes, please explain. Yes No Not Sure
15. Do you have any conditions or therapies that could affect your immune system, e.g leukemia, AIDS, HIV infection,cancer radiotherapy, cancer chemotherapy, or steroid treatment during the last two years. If yes, please explain. Yes No Not Sure
16. Have you ever had any liver disease (i.e hepatitis) If yes, please explain. Yes No Not Sure
17. Have you or have you ever had any kidney diseases (i.e kidney failure) If yes, please explain. Yes No Not Sure
18. Have you been diagnosed with osteoporosis? Yes No Not Sure
19. Have you ever had to take any oral or intravenous Bisphonates (i.e Fosamax) for the treatment of osteoporosis or bone disease. If yes, please explain. Yes No Not Sure
20. Do you suffer from any form of arthritis (i.e Rheumatoid, osteoarthritis) Yes No Not Sure
21. Have you or have you ever had problems with your Temporomandibular joint? Yes No Not Sure

22. Have you ever had any trauma to your face (i.e sport injury, accident) Yes No Not Sure

23. Have you ever had any facial surgery done previously? Facial surgery includes repair of fractured facial bones, TM-joint surgery, bone grafts, osteotomies, rhinoplasties, sinus surgery, nose or septum surgery, cleft palate surgery, or cosmetic procedures? Yes No
If yes, please explain.

24. Have you ever had any problems with wound healing? Yes No Not Sure

25. Do you have diabetes? Type 1 Type 2 No Not sure

26. Do you smoke? Yes How many p/d No

27. Do you have or have you ever had epileptic seizures? Yes No Not Sure
If yes, please explain. Are the seizures under control, how often does it happen?

28. Do you have any neurological condition or have you ever had a condition that required treatment (i.e neuralgia, Bell's palsy) If yes, please explain. Yes No Not Sure

29. Do you suffer from any Gastro-intestinal condition (i.e IBS, Chron's disease) Yes No Not Sure
If yes, please explain.

30. Have you ever had any psychiatric treatment? Yes No Not Sure

31. Do you suffer from any mood disorder? (i.e Bipolar depression) Yes No Not Sure

32. Have you ever had any complications with previous anaesthesia? Yes No Not Sure

33. Is there anything that you want to tell us about your health?