

HEALTH QUESTIONNAIRE

NAME			
	Surname	Given Name	Middle Initial

Chart No.

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PLEASE MARK YES OR NO
(if uncertain leave blank)

- | | YES | NO |
|--------------------------------------------------------------------------------------------------------------------------|-------|-------|
| 1. Are you being treated for any medical condition at the present or have been treated within the past six months? | _____ | _____ |
| If so, what is the condition being treated? _____ | | |
| 2. Are you taking any medication at the present time? | _____ | _____ |
| If so, what? _____ | | |
| 3. Has there been any change in your general health in the last year? | _____ | _____ |
| If so, explain. _____ | | |
| 4. Have you ever been seriously ill? | _____ | _____ |
| If so, what was the problem? _____ | | |
| 5. Have you ever been hospitalized? | _____ | _____ |
| If so, what was the problem? _____ | | |
| 6. Are you thirsty much of the time? | _____ | _____ |
| 7. Do you urinate more than six times a day? | _____ | _____ |
| 8. Do you have or have you ever had any of the following? | | |

- | | Yes | No |
|-----------------------------------------------|-------|-------|
| Diabetes | _____ | _____ |
| Jaundice | _____ | _____ |
| Severe sore mouth | _____ | _____ |
| Asthma | _____ | _____ |
| Hay fever | _____ | _____ |
| Hives | _____ | _____ |
| Hepatitis | _____ | _____ |
| Sinus trouble | _____ | _____ |
| Liver Disease | _____ | _____ |
| Reaction to local anesthetic (freezing) | _____ | _____ |
| Prolonged bleeding after cut | _____ | _____ |
| Arthritis | _____ | _____ |
| Psychological or psychiatric disorder | _____ | _____ |
| HIV pos | _____ | _____ |

- | | Yes | No |
|---------------------------|-------|-------|
| Thyroid Condition | _____ | _____ |
| Tuberculosis | _____ | _____ |
| Venereal disease | _____ | _____ |
| Heart attack | _____ | _____ |
| Stroke | _____ | _____ |
| Heart murmur | _____ | _____ |
| High blood pressure | _____ | _____ |
| Chest pain | _____ | _____ |
| Shortness of breath | _____ | _____ |
| Rheumatic Fever | _____ | _____ |
| Epilepsy | _____ | _____ |
| Kidney disorders | _____ | _____ |
| Stomach ulcers | _____ | _____ |
| Allergy to drugs | _____ | _____ |
- Drug Name: _____

- c) **Pain:** low degree of pain during or following the injection is sometimes unavoidable.
- d) **Edema (swelling):** of the tissues can be associated with trauma, infection, allergy, hemorrhage.
- e) **Prolonged anesthesia in the area affected by a nerve:** the most likely cause is a bruise into the nerve upon needle insertion. This is usually unpreventable due to the variable position of nerves in each individual patient and due to the fact that the exact area of needle insertion into soft mobile tissues cannot be controlled with extreme precision even if the location of a nerve were exact.

Damage to a nerve may cause prolonged anesthesia and possible local irritation (tingling or pain) for days, sometimes for months and very rarely permanently.

- f) **Hematoma (bruise):** is an accumulation of blood into surrounding tissue as a result of a damaged blood vessel. Generally without severe consequence other than a discoloration of the skin that may persist for a few days or up to a few weeks.
- g) **Infection:** secondary infection may follow an injection in the mouth if infection is present or even due to the fact that the mouth is never a sterile area.
- h) **Broken needle or carpule:** extremely rare but may happen.
- i) **Bizarre nerve symptoms:** In rare occasions unexplained neurological symptoms may occur following the insertion of a needle and the injection of a solution in a given area. Patients may exhibit facial paralysis, muscular weakness, temporary blindness.

III **Medically compromised patients and local anesthesia:**

- local anesthesia agents may interact with medication taken by patients. It is most important for you to inform us of the medications you are taking for treatment of your medical conditions or of any known medical problems affecting you.
- local anesthesia agents may interact with a known or unknown medical condition and may create possible unpredictable reactions. Stress involved in the dental treatment may also be important in creating problems with a medical condition.

Consent:

- I certify that I have read and fully understand the above information on local anesthetics and consent to the administration of local anesthetics as may be considered necessary or advisable by those dentists under whose care I place myself/the patient or my dependants under 18. This consent will remain valid until revoked in writing by the patient or by children becoming 18 years old.

Signature of Patient

(or parent or guardian)

Date

Signature of Witness

(for the dental clinic)