GLANCE DENTAL

PRE-ANESTHESIA QUESTIONNAIRE

Please completely answer ALL the following questions. Thank you!

Name: _____

Age _____ Sex: M F Height _____ Weight _____ Are you pregnant? YES NO

Home/Cell Phone #_____ Work Phone #: _____ E-mail Address: _____

Adult driving you home after your procedure? _____ Their Cell #: _____

Do you smoke? YES NO How much each day? _____ Are you Diabetic? YES NO

Have you or any family member had an unusual reaction to anesthesia? YES NO Describe: _____

_____ Are you allergic to LATEX? YES NO

Medication Allergies: _____

Regular Medications: _____

_____

Have you been ill or had a fever lately YES NO Do you have any prosthetics? YES NO

Are you taking addictive drugs? YES NO Do you drink alcohol daily? YES NO

Do you have, or have you had, any of the following?

	Yes	No	When?		Yes	No	When?
Lung Trouble	☐	☐	_____	Anemia	☐	☐	_____
Bronchitis / Chronic Cough	☐	☐	_____	Bleeding Problem	☐	☐	_____
Asthma	☐	☐	_____	Hepatitis	☐	☐	_____
Shortness of Breath	☐	☐	_____	Jaundice	☐	☐	_____
Pneumonia	☐	☐	_____	Liver Problem	☐	☐	_____
Emphysema	☐	☐	_____	Gall Bladder Problem	☐	☐	_____
Tuberculosis (TB)	☐	☐	_____	GI Bleeding	☐	☐	_____
Sleep Apnea CPAP?	☐	☐	_____	Seizures / Seizure Disorder	☐	☐	_____
Heart Disease	☐	☐	_____	Stroke	☐	☐	_____
Rheumatic Fever	☐	☐	_____	Paralysis	☐	☐	_____
Heart Attack	☐	☐	_____	Head, Neck or Spine Injury	☐	☐	_____
Heart Murmurs	☐	☐	_____	Kidney Trouble	☐	☐	_____
Chest Pain	☐	☐	_____	Thyroid Disease	☐	☐	_____
Heart Valve Problem	☐	☐	_____	Gastric Reflux (GERD)	☐	☐	_____
Palpitations / Irregular or Fast Beats	☐	☐	_____	Frequent indigestion	☐	☐	_____
Pacemaker? Rate_____			_____	Hiatal Hernia	☐	☐	_____
High Blood Pressure	☐	☐	_____	Back / Disc Problems	☐	☐	_____
Phlebitis	☐	☐	_____	Sciatica	☐	☐	_____

Any illness or disease not listed? _____

Please provide any information you feel would be helpful to us in caring for you: _____

_____

Previous Surgeries:

☐ Appendectomy	☐ Hernia	☐ Gallbladder	☐ Breast/Biopsy	☐ Glaucoma
☐ Hysterectomy	☐ Cataracts	☐ Sinus / Nasal	☐ Tubal Ligation	☐ Tonsils / Adenoids
☐ Orthopaedic	☐ Other _____			