



Bryan Horgan, DDS

Patient Name: _____ DOB: _____ Gender: _____ Age: _____ Weight: _____ Height: _____

9. Has the patient ever had any health problems? No Yes Explanation: _____

10. Has the patient ever been hospitalized or had any surgery(s)? No Yes Explanation: _____

11. Has the patient, or a blood relative to the patient, ever had a bad reaction to anesthesia? No Yes
Explanation: _____

1. _____
2. Is the patient being followed by a physician for a specific condition? No Yes
Physician Name: _____ Fax: _____ Phone: _____ Date of Last Exam: _____

3. Has the patient had a cough, cold, fever, etc. In the past month? No Yes
If yes, date symptoms resolved: _____

4. Has the patient ever had any of the following cardiovascular conditions?
a. Congenital Heart Defect or Murmur No Yes
b. Arrhythmia or Irregular Heart Beat No Yes
c. Chest Pain Upon Exertion/Angina No Yes
d. Shortness of Breath w/ Mild Exertion No Yes
e. Heart Surgery No Yes
f. Artificial or Damaged Heart Valve No Yes
g. Congestive Heart Failure No Yes
h. High Blood Pressure No Yes
i. Stroke or TIA No Yes
j. Pacemaker No Yes
Other Heart/Blood Vessel Disorder: _____

5. Has the patient ever had any of the following lung diseases?
a. Asthma or Reactive Airway Disease No Yes
b. Tuberculosis No Yes
c. Bronchitis, Emphysema, or Pneumonia No Yes
d. Cystic Fibrosis No Yes
Other Lung Disorder: _____

6. Has the patient ever had any of the following medical conditions?
a. Liver Disease (hepatitis, jaundice) No Yes
b. Kidney Disease No Yes
c. Thyroid Disease No Yes
d. Autism or ADHD (circle which) No Yes
e. Cerebral Palsy No Yes
f. Mental Retardation No Yes
g. Down Syndrome No Yes
h. Sleep Apnea No Yes
i. Frequent Nosebleeds No Yes
j. Diabetes No Yes
k. Blood Disorder No Yes
l. Bleeding Problem No Yes
m. Arthritis No Yes
n. Cancer No Yes
o. Seizure Disorder/Epilepsy No Yes
p. Acid Reflux/Heartburn/GERD No Yes
q. Premature Birth No Yes
r. Muscle Weakness No Yes

7. Does the patient have any allergies? No Yes, list all allergies: _____

8. Does the patient take any medications? No Yes, list all medications: _____



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Preoperative and Postoperative Instructions

I have received and understand the Preoperative Instructions Form and Postoperative Instructions Form provided by Bryan Horgan, DDS. I agree to comply with all instructions provided by these forms.

Health History Questionnaire

I have read and completed the Health History Questionnaire and confirm that the information on this questionnaire is accurate to the best of my knowledge, and I am aware that withholding any information could result in injury or death.

Patient Valuables/Personal Property

I understand that Bryan Horgan, DDS shall not be liable for the loss or damage to any money and/or valuables.

Legal Relationship Between Dental Office and Dentist Anesthesiologist

I understand that Bryan Horgan is not an employee of the dental office in which I receive treatment.

Certification

I confirm that I have read and understand this informed Consent Agreement Between Parties and that I am able to give legal consent for the patient

Patient Name: _____

Name of the Person Signing This Form

Signature