

William L. Saber M.D.
Medical History Questionnaire

Patient Name _____ Date _____

Primary Physician _____ Referring Physician _____

HT _____

WT _____

Is your general health good? ___Yes ___No

Are you allergic to or have you ever had a reaction to any medication, drug, or anesthetic?
(Novocaine, Xylocaine, Iodine, tapes, lotions, soaps, etc.) Please list: ___Yes ___No

Have you ever had an operation or been hospitalized? If so please list and date. ___Yes ___No

Have you ever had rheumatic fever, heart trouble, heart murmurs, heart valve problems, palpitations,
irregular heartbeat, chest pains, shortness of breath, angina, or swelling of the ankles?
If yes, circle specific disorder. ___Yes ___No

Have you ever had high blood pressure, anemia, blood disorders, blood clots, strokes, or fainting spells?
If yes, circle specific disorder. ___Yes ___No

Have you ever had diabetes, arthritis, cancer, thyroid disorders, stomach ulcers, kidney problems, asthma,
lung or bronchial disease or any other serious illness?
If yes, circle specific disorder. ___Yes ___No

Have you ever had problems with hepatitis, IV drug use, HIV/AIDS exposure? If yes, circle specific disorder. ___Yes ___No

Have you ever had any eye disease or trouble with dryness, soreness, burning, itching,
or excessive tearing? If yes, circle specific disorder. ___Yes ___No

Have you ever had depression, any psychiatric problems, a nervous breakdown, or been under the
care of a psychiatrist? ___Yes ___No

Do you have a problem with excessive scarring or have you ever formed a keloid after being cut? ___Yes ___No

Do you or any member of your family bruise easily or have any difficulty with prolonged bleeding
when cut or after having a tooth extracted? ___Yes ___No

Do any diseases run in your family? If so, please list: _____ ___Yes ___No

Date of your last physical exam: _____ Name of M.D. _____
Was everything O.K.? ___Yes ___No

Do you smoke, chew tobacco or use nicotine products? If so, how much? _____
If you quit, when? _____ ___Yes ___No

Do you drink alcohol? If so, how much? _____ ___Yes ___No

Illicit drugs can cause a dangerous and possible deadly reaction with anesthesia.
Do you use any type of illicit drugs (amphetamines, barbiturates, opiates, cocaine, marijuana, etc.)? ___Yes ___No