## Health History & Informed Consent

Name



Birthdate\_\_\_\_

Ed Gracza DDS Jane Gracza DDS Jon Hallie DDS Andrew Duncklee DDS

223 S Main, PO Box 223, Karlstad, MN 56732

903-3rd St NE, Suite A, PO Box 280, Roseau, MN 56751

Date \_\_\_\_\_

Health Conditions	Allergies
yes no	yes no
Artificial Heart Valves	Penicillin or other Antibiotics
Damaged Heart Valves	Latex
Heart murmur	Local Anesthetics (lidocaine)
Heart Attack, if yes, when	Valium ( diazepam)
Angina	Xanax (alprazolam)
High Blood Pressure	Tylenol (acetaminophen)
Low Blood Pressure	Ibuprofen
Stroke, if yes, when	Codeine or other Narcotics
Pacemaker	Aspirin
Arrhythmias	Metals (specify)
Congestive Heart Failure	(op 0011)
Heart Transplant	List allergies you have to medications, substances or
Abnormal/Prolonged Bleeding	materials not mentioned above:
Anemia	materials not inclitioned above.
Artificial Joints (hip, knee, elbow, finger)	
Osteoporosis	
Diabetes, insulin dependent (Type I)	
Diabetes, non-insulin dependent (Type II)	<u>,                                    </u>
AIDS or HIV infection	
Hepatitis, specify type: A B C D	Medications
Tuberculosis	ves no
Sexually Transmitted Disease	Coumadin (warfarin )
Asthma	Fosamax, Boniva (bisphosphonate)
COPD	= =
Emphysema	If yes for Fosamax, etc., in what month/year did you beg
Cigarette Smoking	taking it?
Use of chewing tobacco	<u> </u>
Kidney Disease	List any additional prescription and non-prescription
Mental Illness	medications you are currently taking.
Epilepsy	incurcations you are currently taking.
Chronic Sinusitis	
V	
Vomen only Are you	
pregnant? If so, how many weeks?	
on birth control or hormonal replacement?	
nursing ?	

I certify that I have responded truthfully about my health and acknowledge that my questions, if any, about inquiries set forth above have been answered to my satisfaction. I will not hold the dentist and his/her staff responsible for an action they take or do not take because of errors or omissions that I may have made in the completion of this form. I give my consent to Dr. Edward Gracza, Dr. Jane Gracza, Dr. Jon Hallie and Dr. Andrew Duncklee to perform examinations, restorative dental care, nitrous oxide sedation and local anesthesia (lidocaine) and for them and the hygienists working under their supervision to perform dental scaling, periodontal root planing, dental prophylaxis, photographs, insertion of pre-adjusted orthodontic appliances, impressions, xrays and the application of fluoride & medicaments and for the dental assistants working under their supervision to perform the same services as the hygienists with the exception of dental scaling and periodontal root planing on me or my child.