DISCOVER DENTAL
Dr. Jeremie Hallett DMD

Oral Sedation
MEDICAL HISTORY

All information on this form is kept strictly confidential. For your own safety, it is very important that you answer all questions openly and honestly as your answers may effect your treatment needs. Please do not omit information for any reason. (NOTE: This form must be accompanied by a current MEDICAL HISTORY form)

PATIENT INFORMATION

First Name _____ Last Name _____

NAME OF PERSON DRIVING YOU HOME

First Name _____ Last Name _____

***** PLEASE NOTE THE FOLLOWING *****

We require 24 hours notice for canceling or changing appointments. Short notice will result in a fee proportionate to the amount of time reserved for you.

Otherwise, future appointments will require prepayment to reserve Dr. Hallett's time.

Have you ever had:

- ☐ Acute narrow angle glaucoma
- ☐ Psychosis
- ☐ Hallucinations
- ☐ Paranoia
- ☐ Depression
- ☐ Seizures
- ☐ Emphysema
- ☐ Chronic Obstructive Lung Disease
- ☐ Upper respiratory infection
- ☐ Malnourishment
- ☐ Pernicious anemia
- ☐ Middle ear infection
- ☐ Heart disease
- ☐ Liver disease
- ☐ Kidney disease
- ☐ Diabetes
- ☐ Hepatitis ☐ A ☐ B ☐ C
- ☐ Asthma

Have you ever taken:

- ☐ Barbiturates
- ☐ Carbamazepine
- ☐ Phenytoin
- ☐ Rifampin
- ☐ Tagamet (Cimetidine)
- ☐ Clarithromycin
- ☐ Antidepressants
- ☐ Cyclosporine
- ☐ Antacids
- ☐ Herbal Supplements
- ☐ Diltiazem
- ☐ Nefazodone (serzone)
- ☐ Antipsychotics
- ☐ Omeprazole

Have you ever used any of the following?

- ☐ St. John's Wort
- ☐ Erythromycin
- ☐ Herbal Supplements
- ☐ Grapefruit juice
- ☐ Protease inhibitors
- ☐ Ketaconazole
- ☐ Fluconazole

Do you have a known sensitivity to any of the following medications?

- ☐ Triazolam (halcion)
- ☐ Flumazenil (anexate)
- ☐ Diazepam (valium)
- ☐ Hydroxyzine (atarax, vistaril)
- ☐ Lorazepam (ativan)
- ☐ Zaleplon (sonata)
- ☐ Nitrous Oxide (laughing gas)

Do you have a known sensitivity to any other medications? List/Explain

Signature _____