

MEDICAL HISTORY

CIRCLE

1. Are you having pain or discomfort at this time?YES NO
2. Do you feel very nervous about having dental treatments?YES NO
3. Have you ever had a bad experience in the dental office?YES NO
4. Have you been a patient in the hospital during the past two years?YES NO
5. Have you been under the care of a medical doctor during the past two years?YES NO
6. Have you taken any medicine or drugs during the past two years?YES NO
7. Are you allergic to (i.e., itching, rash, swelling of hands, feet or eyes) or made sick by penicillin, aspirin, codeine, or any drugs or medications?YES NO
8. Have you ever had any excessive bleeding requiring special treatment?YES NO
9. Circle any of the following which you have had or have at present:

Heart Failure	Emphysema	AIDS
Heart Disease or Attack	Cough	Hepatitis A (infectious)
Angina Pectoris	Tuberculosis (TB)	Hepatitis B (serum)
High Blood Pressure	Asthma	Liver Disease
Heart Murmur	Hay Fever	Yellow Jaundice
Rheumatic Fever	Sinus Trouble	Blood Transfusion
Congenital Heart Lesions	Allergies or Hives	Drug Addiction
Scarlet Fever	Diabetes	Hemophilia
Artificial Heart Valve	Thyroid Disease	Venereal Disease (Syphilis, Gonorrhea)
Heart Pacemaker	X-ray or Cobalt Treatment	Cold Sores
Heart Surgery	Chemotherapy (Cancer, Leukemia)	Genital Herpes
Artificial Joints	Arthritis	Epilepsy or Seizures
Anemia	Rheumatism	Fainting or Dizzy Spells
Stroke	Cortisone Medicine	Nervousness
Kidney Trouble	Glaucoma	Psychiatric Treatment
Ulcers	Pain in Jaw Joints	Sickle Cell Disease
		Bruise Easily

10. When you walk up stairs or take a walk, do you ever have to stop because of pain in your chest, or shortness of breath, or because you are very tired?YES NO
11. Do your ankles swell during the day?YES NO
12. Do you use more than 2 pillows to sleep?YES NO
13. Have you lost or gained more than 10 pounds in the past year?YES NO
14. Do you ever wake up from sleep short of breath?YES NO
15. Are you on a special diet?YES NO
16. Has your medical doctor ever said you have a cancer or tumor?YES NO
17. Do you have any disease, condition, or problem not listed?YES NO
18. WOMEN: Are you pregnant now?YES NO
 Are you practicing birth control?YES NO
 Do you anticipate becoming pregnant?YES NO

To the best of my knowledge, all of the preceding answers are true and correct. If I ever have any change in my health, or if my medicines change, I will inform the doctor of dentistry at the next appointment without fail.

_____ Date _____ Faculty Signature _____ Signature of Patient, Parent or Guardian

MEDICAL HISTORY / PHYSICAL EVALUATION UPDATE

Date	Addition	Student / Faculty Signatures
_____	_____	_____
_____	_____	_____
_____	_____	_____



Neil H. Blavin, D.D.S.

University of Michigan

*Michigan Academy of
General Dentistry*

*American
Equilibration Society*

*American
Dental Association*

*Michigan
Dental Association*

*Fellow of the Academy
of General Dentistry*

*Fellow of the
American Association of
Hospital Dentists*

*Dr. Neil Blavin has
dedicated his professional
career to providing you
with the best that dentistry
has to offer. Dr. Blavin
is continually upgrading
himself and his practice
on the newest dental
techniques and approaches
in order to offer
state-of-the-art, comfortable,
and personalized care to
you and your family.*

Is intravenous sedation right for me?

Does dental treatment make you really nervous? Or does some part of the treatment (noise, smell, vibration) give you the creeps? If the answer is Yes, then read on:

Intravenous sedation is a GREAT way to get dental treatment done. We have been doing IV Sedation since 1985. Here's what happens, an I.V. is started (after putting anesthetic cream on the skin). Dr. Blavin puts sedative drugs into the IV tubing and you go to sleep. We monitor your vital signs while you sleep. All the medications that Dr. Blavin uses can be quickly reversed should the need arise. This gives a margin of safety that is not present when using pills alone. Also, the drugs work quickly and can be titrated (you can add a little more), which is not the case with swallowing pills, where it's easy to be under or over-sedated (which is dangerous). We perform the dental care, you wake up and someone takes you home, usually with no memory of the visit.

Are there risks?

A few. Bruising or irritation at the IV site. Collapsed veins. An allergic reaction is possible (we use versed and demerol) Safety is our primary concern, and in an outpatient setting there are limits as to how much sedative we will give. Some patients sedate easier than others, but I will not exceed safe medication levels.

Any other options?

Oral pill sedation or laughing gas (nitrous oxide)

Any other benefits?

Yes. We can accomplish a great deal when you are snoozing. Fewer appointments.

A few rules:

1. No eating or drinking for six hours. If you usually take medications in the morning talk to Dr. Blavin about that.
2. You cannot drive or go back to work that day.
3. Wear a short sleeve shirt and no contact lenses

Advance reservations:

In order for us to schedule your sedation visit, because it is so long, we need the full fee of \$370 paid at the time the appointment is made.

Lastly, due to unforeseen circumstances, sometimes Dr. Blavin has to change the treatment that was planned (i.e. a tooth can't be saved or has deeper decay than was evident on the x-ray). Because you are sedated, he can't discuss it with you. You are giving him your permission to use his clinical judgement to do what is best for you.

I have read and understood this consent for sedation:

Signature: _____ Date: _____

19235 Newburgh
Livonia, MI 48152
734-953-0030
Fax: 734-953-8996