

Summit View Periodontics  
**Conscious Sedation Questionnaire**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

- ➔ Please list any health conditions or diagnoses: \_\_\_\_\_  
\_\_\_\_\_
- ➔ Please list all medications you are taking (including all herbal medications, supplements, over the counter drugs): \_\_\_\_\_  
\_\_\_\_\_
- ➔ Do you have an allergy to any drugs? **Yes / No**. If yes, please list the medication(s) and reactions.  
\_\_\_\_\_  
\_\_\_\_\_
- ➔ List any previous hospitalizations: \_\_\_\_\_
- ➔ Are you Diabetic? **Yes / No**. Is it well controlled? **Yes / No**. How often do you check your blood sugar? \_\_\_\_\_  
Do you know your recent glycated hemoglobin score (HbA1c). **Yes / No**. If so. What is it and when was it last checked? \_\_\_\_\_
- ➔ Do you have sleep apnea, asthma, chronic obstructive pulmonary disease (emphysema/ chronic bronchitis)? **Yes / No**
- ➔ Do you take antacids, Prilosec or Nexium? **Yes / No**. If so, which one? \_\_\_\_\_
- ➔ Do you smoke or use smokeless tobacco? **Yes / No**. How Much? \_\_\_\_\_
- ➔ Do you drink alcohol? **Yes / No**. How much, and how often? \_\_\_\_\_
- ➔ Do you use recreational drugs? **Yes / No**. If so, what drugs? \_\_\_\_\_

➔ Do you eat citrus fruits (grapefruit, oranges etc.)? **Yes / No**. *Citrus fruits can interfere with the metabolism of sedation drugs. Please avoid consuming citrus fruits within 48 hours if your sedation appointment.*

**Female Patients:**

- ➔ Are you Pregnant? **Yes / No**
- ➔ Is there any chance you could be pregnant? \* **Yes / No**. *Sedation medications can be dangerous to a pregnancy. If there is even a remote chance that you could be pregnant, a pregnancy test should be administered the day prior to your sedation therapy.*
- ➔ Are you planning a pregnancy in the future or trying to conceive? **Yes / No**

**Male Patients:**

- ➔ Do you take erectile dysfunction (E.D.) medications (Cialis, Viagra, etc.)? **Yes / No**. *E.D. medications can lead to serious complications with your sedation medications. If you take any E.D. medication within 48 hours of your sedation therapy, please inform our staff.*

Patient/Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_