



Dr. Fred J. Hermanson D.D.S, PA
7300 West 147th Street Ste. 302
Apple Valley, Minnesota 55124

Medical History

Do you have any general health problems? (please specify) Y N

Are you now under a physician's care or have you been during the past 5 years, including hospitalization(s) and surgery? Y N

Name of physician _____

Address _____

Phone: _____

Are you currently under a doctor's orders or taking any medication(s), including any birth control pills, over the counter drugs, herbal supplements or homeopathic preparations Y N

Do you have any allergies or are you sensitive to any drugs or substances such as penicillin, Novocain, aspirin, latex or codeine? Y N

Have you ever bled excessively after a cut, wound, or surgery? Have you ever received a blood transfusion? Y N

Are you subject to fainting, dizziness, nervous disorders, seizures or epilepsy? Y N

Have you ever had any breathing difficulty including asthma, emphysema, chronic cough pneumonia, TB, or any other lung disorder? Do you snore or have been diagnosed with sleep apnea? Do use tobacco products Y N

Do you or your family members ever had any anesthesia-related problems? Y N

Do you have heart disease or a history of chest pain or palpitations? Y N

Are you or might you be pregnant? Y N

Do you currently use or have a history of using recreational drugs Y N

Is there anything you would like to discuss alone with the Doctor? Y N

Patient Signature: _____

Dr. Signature: _____