Marjon B. Jahromi, DDS

General Anesthesia and Sedation for Dentistry

HEALTH HISTORY

*Today's Date:*_____

PATIENT INFORMATION

Patients Name:	Age:	Sex:	
Nickname:	Birth Date:	Weight:	Height:
Address:	City:		
	State:	Zip:	
Telephone #:	Social Security #:		
Name of Person responsible for the account:			
Relationship to Patient:	Driver's License #:		
Birth Date:	Home phone:	Cell Phone / pager:	
Address:	City:		
	State:	Zip:	
Employer:	Social Security #:		

MEDICAL HISTORY

Has your child ever had any of the following medical problems?	Yes	No		Yes	No
Any medical conditions	☐	☐	Any hospitalized stays	☐	☐
Heart defects	☐	☐	Asthma / lung problems	☐	☐
Previous surgeries	☐	☐	Any drug / food allergies	☐	☐
Any blood disorders	☐	☐	Kidney Problems	☐	☐
Diabetes	☐	☐	Cerebral Palsy	☐	☐
Hepatitis / Liver problem	☐	☐	Cancer	☐	☐
Heart Murmers	☐	☐	Seizures / Epilepsy	☐	☐
Tuberculosis	☐	☐	Handicaps / Disabilities	☐	☐
Developmentally Delayed	☐	☐	Rheumatic / Scarlet Fever	☐	☐

MEDICAL HISTORY

If you answered “yes” to any of the above, please explain:

Medications:	Allergies:
Patient’s physician:	Telephone #:
Is the child currently under the care of a physician? **Yes** ☐ **No** ☐	Date of Last Visit:
Please describe the child’s current physical health: **Excellent** ☐ **Good** ☐ **Poor** ☐	
When was the last time your child had anything to eat or drink?	

The information on this questionnaire is accurate to the best of my knowledge. I understand that the information will be held in the strictest of confidence and it is my responsibility to inform Dr. Marjon Jahromi of any changes in my child’s medical status at the earliest possible time.

Patient / Guardian signature

Date mm/dd/yy

3943 Irvine Blvd., Suite #174, Irvine, CA 92602
Tel: (949) 929-9326 | **Fax:** (949) 932-0539 | **E:** Drmarjon@marjonjahromi.com