



**BAY ANESTHESIA
GROUP**
THE CARE YOU NEED. WHERE YOU NEED IT

**CONFIDENTIAL MEDICAL INFORMATION
Adult**

Patient's Name _____ Date _____

Phone Number _____ Email _____ Fax _____

Address _____ City _____ State _____ Zip Code _____

Name of Dentist _____

Date of Birth: _____ Sex: MALE FEMALE

Current General Health Status: EXCELLENT GOOD FAIR POOR

Height: _____ feet _____ inches Weight: _____ lbs.

Primary Physician: _____ Phone: _____
Address: _____

Specialist Physician: _____ Phone: _____
Address: _____

General Dentist: _____ Phone: _____
Address: _____

1. Do you have allergies to any drugs, supplements or latex? YES NO
What are you allergic to? _____
Reactions RASH HIVES EMERGENCY ROOM OTHER _____

2. Do you bleed excessively after a cut or surgery? YES NO

3. Have you had general anesthesia in the past? YES NO
Any problems? _____

4. Has anyone in your family had problems with general anesthesia? YES NO
What problems? _____

5. List all medications, drugs, and supplements you are now taking: _____

WOMEN ONLY

Some anesthetic drugs may harm the fetus.

Are you pregnant now, or could you be? YES NO

Are you nursing? YES NO

Last menstrual period: _____

Do you have, or have you ever had, any of the following conditions?

Heart Diseases	NO	YES	WHEN	MEDICINE/TREATMENT
Heart murmur	_____	_____	_____	_____
High blood pressure	_____	_____	_____	_____
Chest pain	_____	_____	_____	_____
Heart attack	_____	_____	_____	_____
Irregular heart beat	_____	_____	_____	_____
Other heart problem	_____	_____	_____	_____

Lung Diseases	NO	YES	WHEN	MEDICINE/TREATMENT
Shortness of breath	_____	_____	_____	_____
Asthma	_____	_____	_____	_____
Emphysema/Bronchitis	_____	_____	_____	_____
Obstructive Sleep Apnea	_____	_____	_____	_____
Other lung problem	_____	_____	_____	_____
Current or past smoker?	_____	_____	How many packs/day? _____	For how many years? _____

Other Conditions	NO	YES	WHEN	MEDICINE/TREATMENT
Diabetes	_____	_____	_____	_____
Kidney disease	_____	_____	_____	_____
Hepatitis/liver disease	_____	_____	_____	_____
GERD/ulcer/hernia	_____	_____	_____	_____
Stroke	_____	_____	_____	_____
Seizure disorder	_____	_____	_____	_____
Psychiatric condition	_____	_____	_____	_____
Recreational drug use	_____	_____	_____	_____
Cancer	_____	_____	_____	_____
Thyroid problems	_____	_____	_____	_____
Osteoporosis	_____	_____	_____	_____
Muscle/joint problems	_____	_____	_____	_____

Please list any other medical conditions _____

I certify that the above information is complete and accurate to the best of my knowledge. I understand that providing incomplete or inaccurate information may negatively influence my treatment and my treatment results.

Patient's (or legal guardian's) signature

Date

(Relationship to patient, if patient not legally able to give consent: _____)



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GROUP

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Phone (650) 282-4171

Fax (650) 282-4187

info@bayanesthesiagroup.com

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Consent for Anesthesia Services

The following is provided to inform patients and parents about having treatment under anesthesia. The information is not presented to make you more apprehensive, but rather to enable you to better understand the risks and benefits involved with anesthetic treatment.

I hereby authorize and request any doctor represented with Bay Anesthesia Group to administer anesthesia as previously discussed with me. I understand and agree that procedures not talked about, but deemed necessary for myself/my child's well-being, may be performed to supplement the planned anesthesia. It has been explained to me that all types of anesthesia, although safe, involve some risks and no guarantees can be made concerning results. Serious complications are very rare. The following are complications that may be associated with the anesthetic treatment:

Common complications:

- Pain and/or bruising at the IV site
- Sore throat and/or hoarseness
- Muscle aches
- Nausea and/or vomiting

Uncommon complications:

- Headache
- Injuries to lips or teeth from airway instruments or devices
- Unexpected drug reaction
- Infection at intravenous site and veins nearby
- Bleeding/injury in the nose due to passage of a breathing tube
- Lung infection
- Eye injury or infection
- Weakness in breathing after awakening
- Nerve damage

Rare complications:

- Heart injury
- Brain damage or death

The administration and monitoring of general anesthesia may vary depending on the type of procedure, the type of practitioner, the age and health of the patient, and the setting in which anesthesia is provided. Risks may vary with each specific situation. You are encouraged to explore all the options available for your/your child's anesthesia for dental treatment, and consult with your dentist or physician as needed.

Alternative options to deep sedation/general anesthesia have been discussed with me and may include the use of local anesthesia with nitrous oxide sedation or local anesthesia alone.

All sedation and anesthesia patients must be accompanied to and from the appointment by a responsible adult. The responsible adult should remain in the office during the appointment unless authorized by the practitioner. For the safety of the patient, the responsible adult must remain in the designated waiting area during treatment time. Office staff will escort the responsible adult back to the treatment area once the anesthesiologist deems it is safe, to be present for recovery. Upon release, the patient must be driven home by the responsible adult (public transportation or cabs are not acceptable).

I confirm that myself/the patient has not had anything to eat (other than indicated medications with the smallest amount of water) for at least seven (7) hours prior to anesthesia, and only clear fluids were consumed up to two (2) hours prior to anesthesia.

I certify that to the best of my knowledge, the patient is not pregnant or trying to become pregnant.

I have read and agree to the Notice of Privacy Practices/HIPAA agreement posted on our website,
www.bayanesthesiagroup.com

I consent to the anesthesia deemed appropriate by my anesthesiologist. I acknowledge that I have read this form or had it read to me and that I understand the risks, alternatives and expected results of the anesthetic plan of care.

Patient/Legal Guardian's Signature

Date

Relationship to patient