

## SEDATION QUESTIONNAIRE

Name \_\_\_\_\_ Date \_\_\_\_\_

**All Patients who are interested in ORAL and IV SEDATION (twilight sleep) must complete the following questions.**

- |     |    |   |
|-----|----|---|
| Yes | No | 1. Do you have a responsible adult who can come and stay during procedure to drive you home after the appointment?  |
| Yes | No | 2. Do you have a history of liver disease?  |
| Yes | No | 3. Do you or have you had thyroid problems?   |
| Yes | No | 4. Are you receiving chronic steroid therapy for any condition or illness?  |
| Yes | No | 5. Do you or have you had any kind of glaucoma?   |
| Yes | No | 6. Do you or have you had phlebitis or thrombophlebitis?  |
| Yes | No | 7. Have Technicians ever had trouble finding a vein?  |
| Yes | No | 8. Do your veins "collapse"?  |
| Yes | No | 9. Are you on any sedative medications, including sleeping pills? If so, what? _____  |
| Yes | No | 10. Have you previously had problems with pulmonary insufficiency or respiration depression?  |
| Yes | No | 11. Do you have asthma, chronic obstructive pulmonary disease, or emphysema?  |
| Yes | No | 12. Below is a list of a class of drugs called monoamine oxidase inhibitors (MAOI's): Eutonyl, Eutron, Furoxone, Marplan, Parnate, Mutulane, Nardil. Have you taken any of these or any other MAOI's in the past 21 days? |
| Yes | No | 13. Are you recovering from alcoholism or drug dependence?  |
| Yes | No | 14. Have you ever had itching, difficulty breathing, or hives from taking any drug? If yes, please list _____   |
| Yes | No | 15. Have you ever had a heart attack or stroke?   |
| Yes | No | 16. Has fear of having a dental injection in the mouth kept you from seeking dental care in the past?   |
| Yes | No | 17. Have you ever had unpleasant experiences or bad memories from past dental visits?   |
| Yes | No | 18. Are you generally afraid of going to the dentist?   |
| Yes | No | 19. Would you like to be in a twilight sleep and have very little memory of you dental visit?   |
| Yes | No | 20. Do you have any problems with your blood pressure? High or low?   |

Signature \_\_\_\_\_