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SURVEY FOR SEDATION

Patient's Name: _____

All patients who are interested in IV sedation (twilight sleep) must complete the following questions.

1. Do you have a responsible adult who can come with you to drive you home after your dental work is completed?
 Yes
 No
2. Do you have a history of liver disease?
 Yes
 No
3. Have you had thyroid problems?
 Yes
 No
4. Are you receiving chronic corticosteroid therapy or do you suffer from Addison's disease?
 Yes
 No
5. Have you had or do you have any kind of glaucoma?
 Yes
 No
6. Have you had or do you have phlebitis or thrombophlebitis?
 Yes
 No
7. Have you previously had problems with pulmonary insufficiency or respiratory depression?
 Yes
 No
8. Do you have asthma?
 Yes
 No
9. Do you have chronic obstructive pulmonary disease or decreased respiratory reserve?
 Yes
 No

10. Below is a list of a class of drugs called monoamine oxidase inhibitors (MAOI): Eutonyl, Eutron, Furoxone, Marplan, Parnate, Mutulane, and Nardil. Have you taken any of these or other MAOI's in the past 21 days?
- Yes
 No
11. Are you recovering from alcoholism or drug dependence?
- Yes
 No
12. Have you ever had itching, difficulty breathing or hives from taking any drugs?
- Yes, if so, list drugs.
 No
13. Have you ever had a heart attack or stroke?
- Yes
 No
14. Do you have a problem with your blood pressure?
- Yes
 No
15. Has fear of an injection in your mouth kept you from getting dental treatment done in the past?
- Yes
 No
16. Has fear of dental work after the injection kept you from getting dental treatment previously?
- Yes
 No
17. Have you had unpleasant experiences or bad memories from past dental office visits?
- Yes
 No
18. Are you afraid of going to the dentist?
- Yes
 No
19. Would you like to be in a twilight sleep while your dental work is performed?
- Yes
 No
20. Would you like not to remember much about your visit to the dentist?
- Yes
 No