

# West Seattle Endodontics, LLC



## Conscious Sedation Questionnaire

When was the last time you saw your physician? \_\_\_\_\_

Please list all medications that you are taking:

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Please list all herbal supplements that you are taking:

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Do you have an allergy to benzodiazepines ( Diazepam (Valium), Triazolam (Halcion), Lorazepam (Ativan), Sonata? \_\_\_\_\_

Do you take any of the following medications? \_\_\_\_\_  
Dilantin, Barbiturates, Tegretol, St. Johns Wart, Cardizem, Verapamil, Clarithromycin,  
Fluconazole (or any anti-fungal), or Protease Inhibitors

Are you Diabetic? What type? How often do you check your blood sugar? Have you had your Hb1Ac test? \_\_\_\_\_

Do you have Sleep Apnea, Asthma, Chronic Obstructive Pulmonary Disease (emphysema / chronic bronchitis)? \_\_\_\_\_

Do you drink grapefruit juice? \_\_\_\_\_

Do you take antacids, Prilosec or Nexium? \_\_\_\_\_

Do you smoke or use smokeless tobacco? How much? \_\_\_\_\_

Do you drink alcohol? How much and how often? \_\_\_\_\_

Do you use recreational drugs? \_\_\_\_\_

Female Patients: Are you pregnant? Is there any chance you could be pregnant? Are you planning a pregnancy in the future? \_\_\_\_\_