Patient and Contact Information

Clarence Street DENTAL Group

Patient Information

Gender/Pronoun: _____

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr. ☐ Child/Youth

Last Name: _____ First Name: _____

Date of Birth: _____ Age: _____

Weight: _____ ☐ kg ☐ lbs (please check) **IMPORTANT – PLEASE FILL OUT!**

NOTE: IF YOU WEIGH OVER 250 LBS - please call us for clearance first!

Height: _____ ☐ m-cm ☐ feet-inches

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

What is the best means to contact you by? ☐ Home ☐ Cell ☐ Email

Contact Information

Who is the best person to contact in case of an emergency?

Name: _____ Phone: _____

Relationship to you: _____

Who will be responsible for taking you home after anesthesia?
A taxi driver is NOT sufficient

Name: _____ Phone: _____

Relationship to you: _____

Medical Care Information

Family Physician: Dr. _____

Phone: _____ Fax: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Health Card #: _____ Version Code: _____ Expiry Date: _____

519-756-8080 clarencestreetdental@gmail.com
1325 Clarence St S, Unit 1, Brantford, ON N3S 0C7

Anesthetic Questionnaire

Clarence Street DENTAL Group

Patient's name:_____ Date:_____

1. Does the patient have any health problems or concerns presently (including colds, flu etc)? Please explain: ☐ Yes ☐ No ☐ Unsure

Does the patient suffer from:

High blood pressure	☐ Yes ☐ No ☐ Unsure	HIV, AIDS	☐ Yes ☐ No ☐ Unsure
Heart Disease	☐ Yes ☐ No ☐ Unsure	Asthma	☐ Yes ☐ No ☐ Unsure
Chest pain, disease angina, MI	☐ Yes ☐ No ☐ Unsure	Tuberculosis	☐ Yes ☐ No ☐ Unsure
Heart failure	☐ Yes ☐ No ☐ Unsure	Cystic fibrosis	☐ Yes ☐ No ☐ Unsure
Shortness of breath	☐ Yes ☐ No ☐ Unsure	Bronchitis, COPD	☐ Yes ☐ No ☐ Unsure
Pacemaker	☐ Yes ☐ No ☐ Unsure	Emphysema	☐ Yes ☐ No ☐ Unsure
Irregular heart beat	☐ Yes ☐ No ☐ Unsure	Epilepsy, seizures	☐ Yes ☐ No ☐ Unsure
Abnormal heart valves	☐ Yes ☐ No ☐ Unsure	Fainting spells	☐ Yes ☐ No ☐ Unsure
Heart murmur	☐ Yes ☐ No ☐ Unsure	Stroke, TIA	☐ Yes ☐ No ☐ Unsure
Liver disease	☐ Yes ☐ No ☐ Unsure	Weakness, paralysis	☐ Yes ☐ No ☐ Unsure
Hepatitis	☐ Yes ☐ No ☐ Unsure	Glaucoma	☐ Yes ☐ No ☐ Unsure
Daily alcohol drinking	☐ Yes ☐ No ☐ Unsure	Muscular dystrophy	☐ Yes ☐ No ☐ Unsure
Alcohol dependence	☐ Yes ☐ No ☐ Unsure	Arthritis	☐ Yes ☐ No ☐ Unsure
Blood clotting disorders	☐ Yes ☐ No ☐ Unsure	Artificial joints	☐ Yes ☐ No ☐ Unsure
Anemia	☐ Yes ☐ No ☐ Unsure	Gastric reflux, heartburn	☐ Yes ☐ No ☐ Unsure
Thalassemia	☐ Yes ☐ No ☐ Unsure	Stomach ulcers, bleeding	☐ Yes ☐ No ☐ Unsure
Kidney disease	☐ Yes ☐ No ☐ Unsure	Developmental Delay	☐ Yes ☐ No ☐ Unsure
Adrenal gland problems	☐ Yes ☐ No ☐ Unsure	Behavioral Issues	☐ Yes ☐ No ☐ Unsure
Diabetes, thyroid	☐ Yes ☐ No ☐ Unsure		

Please explain:

2. Has there been ANY change in general health in the past year? ☐ Yes ☐ No ☐ Unsure

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Patient's name: _____ Date: _____

3.	Has the patient ever been in hospital? When, where and why?	☐ Yes ☐ No ☐ Unsure
4.	Has the patient ever had general anesthesia or surgery? When, where and why?	☐ Yes ☐ No ☐ Unsure
5.	Were there any problems with the anesthesia?	☐ Yes ☐ No ☐ Unsure
6.	Have the patient's family relatives had problems during or after an anesthesia? (ie. malignant hypothermia, psudocholinesterase, etc) Please explain.	☐ Yes ☐ No ☐ Unsure
7.	Does the patient have a drug allergy? What drug? What happened? ☐ Rash ☐ Breathing Problems ☐ Swelling ☐ Other:	☐ Yes ☐ No ☐ Unsure
8.	Does the patient have any other allergies? If yes, what type?	☐ Yes ☐ No ☐ Unsure
9.	Does the patient take ANY medications currently (including puffers, birth-control pills)? **Please list ALL medications including doses and times usually taken:**	☐ Yes ☐ No ☐ Unsure
10.	Does the patient use or take ANY non-prescription remedies (including herbal remedies) right now? Name	☐ Yes ☐ No ☐ Unsure

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11. Has the patient had a cortisone (steroid) type drug orally, injected or inhaled in the past year? When? For how long?	☐ Yes ☐ No ☐ Unsure
12. Has the patient taken any medicine for a long duration in the past that is not listed above? Name Reason	☐ Yes ☐ No ☐ Unsure
13. Has the patient had aspirin or aspirin-containing compounds (ASA, Bufferin, Anacin, 222) within the last week?	☐ Yes ☐ No ☐ Unsure
14. Does the patient or does anyone in the family have a bleeding problem?	☐ Yes ☐ No ☐ Unsure
15. Has the patient ever had an excessive amount of bleeding following surgery such as tooth extraction?	☐ Yes ☐ No ☐ Unsure
16. Has the patient been exposed to any infectious diseases in the past month? If so, which?	☐ Yes ☐ No ☐ Unsure
17. Does the patient have any difficulty breathing while sleeping at home? Is the patient known to have 'obstructive sleep apnea'?	☐ Yes ☐ No ☐ Unsure ☐ Yes ☐ No ☐ Unsure
18. Does the patient have any difficulty breathing through the nose?	☐ Yes ☐ No ☐ Unsure
19. Does the patient have nose bleeds? If so, how many per week? Which side?	☐ Yes ☐ No ☐ Unsure

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Patient's name: _____ Date: _____

20. Does the patient have problems walking (2 city blocks), running or climbing stairs (2 flights)?	☐ Yes ☐ No ☐ Unsure
21. Does the patient get short of breath easily?	☐ Yes ☐ No ☐ Unsure
22. Does the patient ever turn blue in colour and/or faint when trying to run or climb stairs?	☐ Yes ☐ No ☐ Unsure
23. Does the patient have any problems opening his/her mouth wide?	☐ Yes ☐ No ☐ Unsure
24. Does the patient have any problems moving his/her neck freely?	☐ Yes ☐ No ☐ Unsure
25. Has the patient ever had surgery and/or radiation treatment for a tumor or cancer?	☐ Yes ☐ No ☐ Unsure
26. Does the patient smoke? If yes, how much? If the patient quit smoking, when was this (year and month)?	☐ Yes ☐ No ☐ Unsure ☐ Yes ☐ No ☐ Unsure
27. Has the patient used recreational drugs (crack, cocaine or other drugs) in the last 6 months?	☐ Yes ☐ No ☐ Unsure
28. Is there any possibility that the (female) patient is pregnant?	☐ Yes ☐ No ☐ Unsure
29. Is the (female) patient nursing?	☐ Yes ☐ No ☐ Unsure
30. Does the patient have any loose teeth (especially front teeth) or capped teeth? Where?	☐ Yes ☐ No ☐ Unsure
31. Does the patient have ANY disease, condition or problem not mentioned so far?	☐ Yes ☐ No ☐ Unsure

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Anesthetic Questionnaire

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Patient's name: _____ Date: _____

32. **Thrombosis Risk Factor Assessment:** ☐ Yes ☐ No ☐ Unsure

Please check all pertinent factors

- ☐ Age 41 to 60 years
- ☐ Age 61 to 70 years
- ☐ Age over 70
- ☐ History of Deep years Vein Thrombosis/PE
- ☐ Family history of Deep Vein Thrombosis
- ☐ Obesity (>20% of ideal body weight)
- ☐ Leg edema, ulcers, stasis
- ☐ Malignancy
- ☐ Pregnancy or postpartum(< 1 month)
- ☐ Inflammatory bowel disease
- ☐ Hormone therapy

33. **Nausea/Vomiting Risk Factor Assessment:** ☐ Yes ☐ No ☐ Unsure

Please check all pertinent factors

- ☐ Female
- ☐ Nonsmoker
- ☐ History of:
  - Postoperative nausea/vomiting (PONV)
  - Motion sickness
  - Family history of PONV

34. **Obstructive Sleep Apnea Risk Factor Assessment:** ☐ Yes ☐ No ☐ Unsure

Please check all pertinent factors

- ☐ You snore loudly (heard through closed doors)
- ☐ You often feel tired, fatigued or sleepy during daytime
- ☐ Someone has observed you stop breathing during your sleep
- ☐ You have high blood pressure
- ☐ You are over 50 years old
- ☐ You are male

Signature: _____ Date: _____

Relationship: ☐ Parent ☐ Guardian ☐ Patient

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Anesthetic Consent

Clarence Street DENTAL Group

Informed Consent for Sedation/General Anesthesia

I understand that the following has been provided to me so that I may be informed of the choices and risks involved with having a procedure performed under anesthesia. It is my understanding that this information has been presented to enable me to make well-informed decisions concerning my or my child's treatment, not to make me anxious.

I have been informed that aside from drowsiness, the most frequent side-effects of any anesthetic include, but are not limited to, nausea, vomiting, sore throat, hoarseness, general muscle soreness and inflammation with tenderness and/or bruising around the intravenous site. Depending on the procedure performed, some degree of post-operative pain is to be expected. Since anesthesia may cause drowsiness and incoordination that may be enhanced by the use of alcohol or drugs, it is understood that (other than usual prescription medications or medication prescriptions provided for the relief of post-operative discomfort) they are to be avoided until completely recovered from the effects of anesthesia. I understand that the operation of any vehicle or any hazardous device/machine, or the making of any important decisions is to be avoided for at least 24 hours or until completely recovered from the effects of anesthesia. Parents are advised of the necessity for direct parental supervision of children for 24 hours following their anesthesia.

I understand that on rare occasions there are anesthesia-related complications which include, but are not limited to, pain, hematoma, numbness, infection, swelling, bleeding, urinary retention, visual loss, aspiration, negative pressure pulmonary edema, organ failure, malignant hyperthermia, skin discoloration, allergic reaction, oral dental damage, and fluctuations in heart rhythm and/or blood pressure. I further understand and accept the extremely remote possibility that complications may arise which may require hospitalization, result in brain damage, failure to recover, coma from anesthesia or death. I have been made aware that local anesthesia carries with it the least amount of risk and sedation/general anesthesia the most. However, local anesthesia alone may not be appropriate for some patients or procedures.

I understand that anesthetics and other medicines may be harmful to an unborn child and could result in spontaneous abortion or cause birth defects. Recognizing these risks, I accept full responsibility for informing the anesthetist of a suspected or confirmed pregnancy with the understanding that this will necessitate the postponement of anesthesia. For similar reasons, I understand that I must inform the anesthetist if I am (or my child is) a nursing mother.

I hereby authorize and request Clarence Street Dental to contact persons on my behalf and obtain any previous or current medical records/information when needed to properly assess my/my child's health status prior to anesthesia.

I hereby authorize and request the anesthetist to perform anesthesia as previously explained to me, and any other procedure deemed necessary or advisable as a corollary to the planned anesthesia. I consent, authorize and request the administration of such anesthetic(s) by any route that is deemed suitable by the anesthetist. It is the understanding of the undersigned that the anesthetist will have full charge of the administration and maintenance of the anesthetic, and that this is an independent function from the surgery or dental work.

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Anesthetic Consent

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I have been fully advised and completely understand the alternatives of conscious sedation, deep sedation and general anesthesia, and accept all possible risks and consequences. I acknowledge receipt of and completely understand both pre-operative and post-operative anesthesia instructions. It has been explained to me and I accept that there is no warranty or guarantee as to any result and/or cure. I have had the opportunity to ask questions about my/my child's anesthetic and I am satisfied with the information provided to me.

I hereby acknowledge that I am a resident in the province of Ontario and I agree that the resolution of any and all disputes arising from or in connection with my care by the anesthetist (as well as his agents and/or delegates) shall be governed by and construed in accordance with the laws of the Province of Ontario and that the Courts of the Province of Ontario shall have the exclusive jurisdiction.

YOU MUST HAVE READ AND UNDERSTOOD ALL PAGES OF THIS PACKAGE BEFORE SIGNING THE CONSENT!

Patient's Name: _____

Patient/Guardian's Signature: _____

Anesthetist's Name: _____

Date: _____

Witness's Name: _____

Witness's Signature: _____

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Instructions to Patients Receiving Sedation/Anesthesia

Before Surgery

1. Food in the stomach may result in vomiting and subsequent pneumonia during anesthesia. This is unsafe and can be fatal. It is therefore extremely important that the patient follow these **fasting guidelines:**
   a. 8 hrs - meal that includes meat, fried or fatty foods
   b. 6 hrs - light meal (such as toast and a clear fluid) or ingestion of infant formula or non-human milk
   c. 4 hrs - ingestion of breast milk (no additions are allowed to pumped breast milk)
   d. 2 hrs - clear fluids (including water, pulp-free juice and tea or coffee without milk)

   Note: adults and children should be encouraged to drink clear fluids (including water, pulp-free juice and tea or coffee without milk) up to 2 hrs before elective surgery.
2. Usually the routine medications may be taken on schedule with a small sip of water unless otherwise directed by the anesthetist.

   Please note: do not take diabetic medications or fluid pills on the day of surgery; please call us if necessary. If you are diabetic, you must bring all your diabetic supplies (including, but not limited to glucometer, strips, lancets, insulin, syringes, pumps etc.)
3. Patients should wear loose-fitting clothes so that monitoring equipment can be applied easily. Please bring a change of clothes (for children: please bring an extra diaper, if necessary).
4. Patients are not to wear: contact lenses, make-up or nail polish. Leave valuables at home.
5. Please advise us of any recent change in health such as fever, vomiting, diarrhea, cold, or flu in the days before by calling us before coming for surgery.
6. **Patients cannot go home alone! Please confirm the person who will be accompanying the patient after surgery. This companion must be at the patient's side on the ride home (i.e. NOT be driving the car). The patient must not be left unattended in the back of the car (so there may need to be a second individual).**
7. The patient will need a responsible person at arm's length for the first 24 hours after surgery.
8. If the patient does not speak English well enough, it is imperative that the patient arranges for a competent translator to be present for the duration of the surgery. **If informed consent cannot be obtained, the surgery cannot proceed.**
9. If the patient is unable, for whatever reason, to give his/her own consent, it is imperative that the individual who has power of attorney be present or available by phone. The patient must bring this information on the day of surgery. **If informed consent cannot be obtained, the surgery cannot proceed.**
10. Please call us if you have any questions or concerns: 519-756-8080.

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Anesthetic Instructions

Clarence Street DENTAL Group

During Surgery

1. The patient will be given fresh oxygen (and possibly sleep medicine) through a mask to breathe. Monitor stickers will be placed on the patient's chest and a clip placed on the finger. A blood pressure cuff will be placed on the arm.
2. In adult patients, a small intravenous catheter is usually placed in the back of the hand before going to sleep (faster and preferred), whereas in children, due to the fear of needles, the intravenous catheter will often be placed after falling asleep, to allow the fluids or medications to be given. In some adults, upon special request, and depending on the type of surgery, the possibility of placing the intravenous after falling asleep with a mask may be considered prior to a general anesthesia.
3. Most patients, especially children, toss/tum, stretch out their arms, roll their eyes, and their breathing patterns change as they go to sleep.
4. In general we encourage the presence of one parent (sometimes both) with a pediatric patient for the induction of anesthesia (not for the duration of surgery). Due to a variety of factors this may not always be possible or be in the best interest of the child. Your understanding and cooperation in this context is very important (if, for example, you are asked to step outside to the waiting area).
5. In some circumstances (for example young patients or adults with special needs) patients may not be able to cooperate and some form of temporary restraint may be required to conduct the anesthetic safely. If this is not acceptable, please discuss this with the anesthetic prior to treatment.
6. In the case of general anesthesia, the patient will be completely asleep for the entire procedure and will normally be asleep for about 15-30 minutes longer than the time it takes for the procedure to be completed.
7. Parents of children must wait in the waiting room during surgery until they are called in. While every effort is made to let parents see their child as early as possible after the anesthetic ends, children will in general have to be awake and stable enough to permit their parents to be with them after emergence. As children are often agitated when they awake from anesthesia, parents may hear their child cry without being able to see them (yet).
8. Please be aware that there may be delays during surgery and patients, parents, and companions should clear their schedules of any other appointments or commitments on the date of surgery.

After Surgery

1. It usually takes approximately 30-60 minutes after surgery before the patient can go home safely. It is not uncommon for the patient to feel dizzy and disoriented when upon awakening. Children frequently cry, even if they do not experience any discomfort. The intravenous catheter will remain in place until the patient is fully awake.
2. **A responsible adult must accompany the patient home. The responsible adult must be at the patient's side (i.e. NOT be driving the car). The patient must not be left unattended in the back of the car (so there may need to be a second individual).**

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Anesthetic Instructions

Clarence Street DENTAL Group

3. Patients should rest at home for the post-operative period (24 hours). **DO NOT WORK, DRIVE, OPERATE HAZARDOUS MACHINERY OR MAKE IMPORTANT DECISIONS FOR 24 HOURS FOLLOWING ANESTHESIA.** A responsible adult must be with the patient. Children must not participate in activities that may cause injury, i.e. running, riding a bicycle.
4. The patient should not be allowed to fall asleep in an upright position (i.e. car seat, stroller) on the day of surgery to prevent the possibility of air passage obstruction.
5. The patient should drink plenty of fluids (water, juice) after anesthesia but should **not drink alcoholic beverages or take sedative medication for 24 hours after surgery.**
6. If the patient is not experiencing any nausea or vomiting, he/she may eat solid food as tolerated (please begin with easily-digested foods).
7. A sore throat or sore nose (with small amounts of blood) is common after anesthesia and will resolve on its own. Some muscle ache in the neck and shoulders is also common.
8. Take medications as advised. Unless instructed otherwise, Tylenol or Motrin can be used to control pain. The surgeon/dentist will usually write a prescription for additional pain killers as needed.
9. The area where the intravenous catheter was placed may be sore and bruised for a few days after surgery. Should this persist or worsen, please call us.
10. A slight rash in the face may be visible where tape was applied.
11. For follow-up with the dentist/surgeon please call his/her office as instructed.
12. If necessary contact or visit the nearest emergency room. Please call us for any concerns or unexpected events, i.e.:
    i. if the patient vomits beyond 4 hours after anesthesia
    ii. if the patient does not pass urine
    iii. if the patient develops a fever over 38.5°C
    iv. if there is any difficulty breathing
    v. if there is any significant bleeding
    vi. if there is severe pain, not relieved with rest and medication
    vii. if the patient has to go to the emergency room or seek medical attention related to the surgery
    viii. if there are any other unexpected events or concerns.

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Anesthetic Information

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A note about awareness under general anesthesia:

The chance for a patient to be awake (in pain and paralyzed, unable to communicate) under general anesthesia is extremely remote and most reported cases involve patients that undergo high-risk hospital-based surgical procedures coupled with the use of paralyzing medications (cardiac surgery, emergency operations, caesarean sections etc.). The type of surgery and the anesthetic medications for office-based general anesthesia tend to be very different from the above-mentioned cases (for example, paralyzing medications are generally not used). While some hospitals (for selected cases) use a tool to monitor brain activity that might help to detect awareness, it is not clear that these tools make a difference to patient safety, and these monitors, particularly for office-based anesthesia, are not routinely used.

A note about children and anesthesia:

Anesthetic and sedative drugs are widely used to help ensure the safety, health, and comfort of children undergoing surgery. There is evidence from studies which suggests the benefits of these agents should be considered in the context of their potential to cause harmful outcomes, such as adverse neurobehavioural effects. However, these studies have limitations that prevent experts from drawing conclusions on whether the harmful effects were due to the anesthesia or to other factors, such as surgery, hospitalization, or pre-existing conditions.

In the absence of conclusive evidence, it would be unethical to withhold sedation and anesthesia when necessary. It is important to recognize that current anesthetics and sedatives are necessary for infants and children who require surgery or other painful and stressful procedures.

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