

Eaglesoft Medical History(Copy)

Patient Name:

Birth Date:

Date Created:

Although dental personnel primarily treat the area in and around your mouth, your mouth is a part of your entire body. Health problems that you may have, or medication that you may be taking, c

Are you under a physician's care now?
Have you ever been hospitalized or had a major operation?
Have you ever had a serious head or neck injury?
Are you taking any medications, pills, or drugs?
Do you take, or have you taken, Phen-Fen or Redux?
Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates?
Are you on a special diet?
Do you use tobacco?
Do you use controlled substances?

Women: Are you...

Pregnant/Trying to get pregnant? Nursing? Taking oral contraceptives?

Are you allergic to any of the following?

Aspirin Penicillin Codeine Acrylic
Metal Latex Sulfa Drugs Local Anesthetics

Other? If yes

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

AIDS/HIV Positive Cortisone Medicine Hemophilia Radiation Treatments
Alzheimer's Disease Diabetes Hepatitis A Recent Weight Loss
Anaphylaxis Drug Addiction Hepatitis B or C Renal Dialysis
Anemia Easily Winded Herpes Rheumatic Fever
Angina Emphysema High Blood Pressure Rheumatism
Arthritis/Gout Epilepsy or Seizures High Cholesterol Scarlet Fever
Artificial Heart Valve Excessive Bleeding Hives or Rash Shingles
Artificial Joint Excessive Thirst Hypoglycemia Sickle Cell Disease
Asthma Fainting Spells/Dizziness Irregular Heartbeat Sinus Trouble
Blood Disease Frequent Cough Kidney Problems Spina Bifida
Blood Transfusion Frequent Diarrhea Leukemia Stomach/Intestinal Disease
Breathing Problems Frequent Headaches Liver Disease Stroke
Bruise Easily Genital Herpes Low Blood Pressure Swelling of Limbs
Cancer Glaucoma Lung Disease Thyroid Disease
Chemotherapy Hay Fever Mitral Valve Prolapse Tonsillitis
Chest Pains Heart Attack/Failure Osteoporosis Tuberculosis
Cold Sores/Fever Blisters Heart Murmur Pain in Jaw Joints Tumors or Growths
Congenital Heart Disorder Heart Pacemaker Parathyroid Disease Ulcers
Convulsions Heart Trouble/Disease Psychiatric Care Venereal Disease
Yellow Jaundice

Have you ever had any serious illness not listed above? Yes No If yes

Comments:

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical status.

Signature of Patient, Parent or Guardian:

X

Date: