

Eaglesoft Medical History

Patient Name: John Doe

Birth Date: 5/14/2011

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, could have an important interrelationship with the dentistry you will receive. Thank you for answering the following questions.

Are you under a physician's care now? No

Have you ever been hospitalized or had a major operation? No

Have you ever had a serious head or neck injury? No

Are you taking any medications, pills, or drugs? No

Do you take, or have you taken, Phen-Fen or Redux? No

Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates? No

Are you on a special diet? **YES**

Do you use tobacco? No

Do you use controlled substances? No

Women: Are you...

Pregnant/Trying to get pregnant? No Nursing? No Taking oral contraceptives? No

Are you allergic to any of the following?

Aspirin **YES** Codeine No Metal No Sulfa Drugs No

Penicillin No Acrylic No Latex No Local Anesthetics No

Other? No

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

AIDS/HIV Positive No Arthritis/Gout No Blood Transfusion No Chest Pains No

Cortisone Medicine No Epilepsy or Seizures No Frequent Diarrhea No Heart Attack/Failure **YES**

Hemophilia No High Cholesterol No Leukemia No Osteoporosis No

Radiation Treatments No Scarlet Fever No Stomach/Intestinal Disease No Tuberculosis No

Alzheimer's Disease **YES** Artificial Heart Valve No Breathing Problems **YES** Cold Sores/Fever Blisters No

Diabetes No Excessive Bleeding **YES** Frequent Headaches No Heart Murmur No

Hepatitis A No Hives or Rash No Liver Disease No Pain in Jaw Joints No

Recent Weight Loss No Shingles No Stroke No Tumors or Growths No

Anaphylaxis No Artificial Joint No Bruise Easily No Congenital Heart Disorder No

Drug Addiction No Excessive Thirst No Genital Herpes **YES** Heart Pacemaker No

Hepatitis B or C No Hypoglycemia No Low Blood Pressure No Parathyroid Disease No

Renal Dialysis No Sickle Cell Disease No Swelling of Limbs No Ulcers No

Anemia No Asthma No Cancer No Convulsions No

Easily Winded No Fainting Spells/Dizziness No Glaucoma No Heart Trouble/Disease No

Herpes No Irregular Heartbeat No Lung Disease **YES** Psychiatric Care No

Rheumatic Fever No Sinus Trouble No Thyroid Disease No Venereal Disease No

Angina No Blood Disease No Chemotherapy No Yellow Jaundice No

Emphysema No Frequent Cough No Hay Fever No

High Blood Pressure No Kidney Problems No Mitral Valve Prolapse **YES**

Rheumatism No Spina Bifida No Tonsillitis No

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

Comments:**Signature**

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.

Date of signing	5/14/2020
Signature Of	Patient, Parent or Guardian
Name	Jane Roe
IP Address	127.0.0.1

Signature

Date of signing	5/14/2020
Relationship to the patient	Guardian
Name	Jane Roe
IP Address	127.0.0.1

Signature