

Eaglesoft Medical History(new revised7/14)(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, 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?
Have you ever been hospitalized or had a major operation?
Have you ever had a serious head or neck injury?
Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates?
Are you on a special diet?
Do you use tobacco?
Have you been instructed by your physician to take antibiotic pre-medication before dental treatment?
Are you taking any medications, pills, or drugs?

Women: Are you...

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

Are you allergic to any of the following?

Aspirin Acrylic Sulfa Drugs Penicillin Metal Local Anesthetics Codeine Latex Other

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

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

Have you ever had any serious illness not listed

Comments:

Empty text box for 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: _____