

Eaglesoft Medical History

Patient Name: John Doe

Birth Date: 1/16/2012

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? **YES**

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
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Are you allergic to any of the following?

Aspirin	No	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	No
Hemophilia	No	High Cholesterol	No	Leukemia	No	Osteoporosis	No
Radiation Treatments	No	Scarlet Fever	No	Stomach/Intestinal Disease	YES	Tuberculosis	No
Alzheimer's Disease	No	Artificial Heart Valve	No	Breathing Problems	No	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	YES
Renal Dialysis	No	Sickle Cell Disease	No	Swelling of Limbs	No	Ulcers	No
Anemia	No	Asthma	YES	Cancer	No	Convulsions	No
Easily Winded	No	Fainting Spells/Dizziness	No	Glaucoma	No	Heart Trouble/Disease	No
Herpes	YES	Irregular Heartbeat	No	Lung Disease	No	Psychiatric Care	No
Rheumatic Fever	YES	Sinus Trouble	No	Thyroid Disease	No	Venereal Disease	No
Angina	No	Blood Disease	No	Chemotherapy	YES	Yellow Jaundice	No
Emphysema	No	Frequent Cough	No	Hay Fever	No		
High Blood Pressure	No	Kidney Problems	No	Mitral Valve Prolapse	No		
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	1/16/2021
Signature Of	Patient, Parent or Guardian
Name	Jane Roe
IP Address	127.0.0.1

Signature

Date of signing	1/16/2021
Relationship to the patient	Guardian
Name	Jane Roe
IP Address	127.0.0.1

Signature