

Eaglesoft Medical History 3-9-2019(Copy)

Patient Name: (2656) Test Patient

Birth Date: 1/1/2001

Date Created: 8/7/2019

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.

Other than normal checkups, are you under a physician's care for anything? Have you ever been hospitalized or had a major operation? Are you taking any MEDICATIONS or DRUGS? Do you take any BLOOD THINNER medications? Do you have HIGH BLOOD PRESSURE? Do you use controlled substances? Do you use TOBACCO now or in the past? If yes, how long and how much do you smoke per day? Have you ever taken BISPSPHONATE medications such as Fosamax, Boniva, Actonel for osteoporosis? Do you have DIABETES? Type I or Type II? Are your blood sugar levels under control? Do you have any ARTIFICIAL JOINTS? Do you need to take antibiotics before dental treatment? Are you on a special diet?

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?

Heart attack/failure Angina/chest pains Stroke Heart trouble/disease Irregular heartbeat Heart pacemaker Artificial heart valve Rheumatic fever Scarlet fever Heart murmur Mitral valve prolapse Congenital heart disorder Hemophilia Excessive bleeding Blood disease Blood transfusion Anemia High cholesterol Bruise easily Sickle Cell disease Hepatitis A,B or C Liver disease Yellow jaundice Stomach/Intestinal Disease Kidney problems Renal dialysis Thyroid disease Cancer Leukemia Tumors/Growths Chemotherapy Radiation treatment Dry mouth Hives or rash Anaphylaxis Fainting spells or dizziness Hypoglycemia Asthma Lung disease Emphysema Swelling of limbs Easily winded Excessive thirst Recent weight loss Epilepsy/seizures Cortisone medicine Shingles AIDS/HIV positive Herpes Genital herpes Venereal disease Cold sores/fever blisters Ulcers Tuberculosis Osteoporosis Glaucoma Alzheimer's disease Psychiatric care Drug addiction Arthritis/gout Rheumatism Sinus trouble Frequent headaches Pain in jaw joints

Have you ever had any serious illness not listed above? 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: