

Eaglesoft Medical History Updated 2019

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 currently under the care of a physician? Are you taking any prescription medications? Preferred pharmacy? Are you taking any over the counter medications, vitamins or other dietary or herbal supplements? Have you ever been hospitalized or had a major operation? Have you taken or plan on taking bisphosphonates? Do you smoke? Do you use smokeless tobacco?

Women: Are you...

Pregnant? Gestational Diabetes? Trying to get pregnant? Preclampsia? Nursing?

Are you allergic to any of the following?

Aspirin Metal Penicillin Latex Codeine Sulfa Drugs Acrylic Local Anesthetics

Other? What was your reaction?

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

AIDS/HIV Positive Alzheimer's Disease Drug Addiction Easily Winded Rheumatism Artificial Heart Valve Hypoglycemia Irregular Heartbeat Spina Bifida Frequent Headaches Low Blood Pressure Seasonal Allergies Heart Attack/Failure Pain in Jaw Joints Parathyroid Disease Autism Hyperthyroidism Cortisone Medicine Diabetes Hepatitis B or C Angina Arthritis/Gout Excessive Bleeding Sickle Cell Disease Sinus Trouble Blood Transfusion Liver Disease Cancer Mitral Valve Prolapse Osteoporosis Tumors or Growths Heart Trouble/Disease ADHD Hypothyroidism Hemophilia Hepatitis A Renal Dialysis Emphysema Epilepsy or Seizures Shingles Asthma Blood Disease Stomach/Intestinal Disease Stroke Lung Disease Tonsillitis Tuberculosis Congenital Heart Disorder Psychiatric Care Controlled Substances Radiation Treatments Anaphylaxis Anemia High Blood Pressure High Cholesterol Artificial Joint Fainting Spells/Dizziness Kidney Problems Breathing Problems Bruise Easily Chemotherapy Chest Pains Cold Sores/Fever Blisters Heart Pacemaker Adult Jaundice Head/Neck Injury

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:

Signature line with 'X' and Date: _____