

Eaglesoft Medical History

Disclaimer

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.

General Single Questions

Are you under a physician's care now?

☐ Yes ☐ No

If Yes

Have you ever had a serious head or neck injury?

☐ Yes ☐ No

Have you ever been hospitalized or had a major operation?

☐ Yes ☐ No

If Yes

If Yes

Are you taking any medications, pills, or drugs?

☐ Yes ☐ No

If Yes

Do you take, or have you taken, Phen-Fen or Redux?

☐ Yes ☐ No

If Yes

If Yes

Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates?

☐ Yes ☐ No

Are you on a special diet?

☐ Yes ☐ No

Do you use tobacco?

☐ Yes ☐ No

Do you use controlled substances?

☐ Yes ☐ No

If Yes

General List Questions

Women: Are you...

☐ Nursing?

☐ Pregnant/Trying to get pregnant?

☐ Taking oral contraceptives?

Are you allergic to any of the following?

☐ Acrylic

☐ Aspirin

☐ Codeine

☐ Latex

☐ Local Anesthetics

☐ Metal

☐ Penicillin

☐ Sulfa Drugs

☐ Other?

If Yes

Current Health

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

AIDS/HIV Positive

☐ Yes ☐ No

Alzheimer's Disease

☐ Yes ☐ No

Anaphylaxis

☐ Yes ☐ No

Anemia

☐ Yes ☐ No

Angina

☐ Yes ☐ No

Arthritis/Gout

☐ Yes ☐ No

Artificial Heart Valve

☐ Yes ☐ No

Artificial Joint

☐ Yes ☐ No

Asthma

☐ Yes ☐ No

Breathing Problems

☐ Yes ☐ No

Chemotherapy

☐ Yes ☐ No

Congenital Heart Disorder

☐ Yes ☐ No

Diabetes

☐ Yes ☐ No

Emphysema

☐ Yes ☐ No

Excessive Thirst

☐ Yes ☐ No

Frequent Diarrhea

☐ Yes ☐ No

Glaucoma

☐ Yes ☐ No

Heart Murmur

☐ Yes ☐ No

Hemophilia

☐ Yes ☐ No

Herpes

☐ Yes ☐ No

Hives or Rash

☐ Yes ☐ No

Kidney Problems

☐ Yes ☐ No

Low Blood Pressure

☐ Yes ☐ No

Osteoporosis

☐ Yes ☐ No

Psychiatric Care

☐ Yes ☐ No

Renal Dialysis

☐ Yes ☐ No

Scarlet Fever

☐ Yes ☐ No

Sinus Trouble

☐ Yes ☐ No

Stroke

☐ Yes ☐ No

Tonsillitis

☐ Yes ☐ No

Blood Disease

☐ Yes ☐ No

Bruise Easily

☐ Yes ☐ No

Chest Pains

☐ Yes ☐ No

Convulsions

☐ Yes ☐ No

Drug Addiction

☐ Yes ☐ No

Epilepsy or Seizures

☐ Yes ☐ No

Fainting Spells/Dizziness

☐ Yes ☐ No

Frequent Headaches

☐ Yes ☐ No

Hay Fever

☐ Yes ☐ No

Heart Pacemaker

☐ Yes ☐ No

Hepatitis A

☐ Yes ☐ No

High Blood Pressure

☐ Yes ☐ No

Hypoglycemia

☐ Yes ☐ No

Leukemia

☐ Yes ☐ No

Lung Disease

☐ Yes ☐ No

Pain in Jaw Joints

☐ Yes ☐ No

Radiation Treatments

☐ Yes ☐ No

Rheumatic Fever

☐ Yes ☐ No

Shingles

☐ Yes ☐ No

Spina Bifida

☐ Yes ☐ No

Swelling of Limbs

☐ Yes ☐ No

Tuberculosis

☐ Yes ☐ No

Blood Transfusion

☐ Yes ☐ No

Cancer

☐ Yes ☐ No

Cold Sores/Fever Blisters

☐ Yes ☐ No

Cortisone Medicine

☐ Yes ☐ No

Easily Winded

☐ Yes ☐ No

Excessive Bleeding

☐ Yes ☐ No

Frequent Cough

☐ Yes ☐ No

Genital Herpes

☐ Yes ☐ No

Heart Attack/Failure

☐ Yes ☐ No

Heart Trouble/Disease

☐ Yes ☐ No

Hepatitis B or C

☐ Yes ☐ No

High Cholesterol

☐ Yes ☐ No

Irregular Heartbeat

☐ Yes ☐ No

Liver Disease

☐ Yes ☐ No

Mitral Valve Prolapse

☐ Yes ☐ No

Parathyroid Disease

☐ Yes ☐ No

Recent Weight Loss

☐ Yes ☐ No

Rheumatism

☐ Yes ☐ No

Sickle Cell Disease

☐ Yes ☐ No

Stomach/Intestinal Disease

☐ Yes ☐ No

Thyroid Disease

☐ Yes ☐ No

Tumors or Growths

☐ Yes ☐ No

Ulcers

☐ Yes

☐ No

Venereal Disease

☐ Yes

☐ No

Yellow Jaundice

☐ Yes

☐ No

Have you ever had any serious illness not listed above?

☐ Yes

☐ No

If Yes

Comments:

comment

Signature

E-Signature (draw, upload or type)

Date: