

Eaglesoft Medical HX Alphabetized 2014..Pt-> Doctor

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?
Do you use tobacco?
Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates?
Do you have any artificial joints? if so Where?
Does your physician recommend that you take an antibiotic/premed prior to dental procedure?
Are you currently taking any blood thinners? ie: Aspirin, Warfrin, Coumadin, Plavix or any others?
Are you currently taking any medications, pills, herbal supplements or recreational drugs?

Women: Are you...

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

Are you allergic to any of the following?

- None, Penicillin, Metal, Aspirin, Latex, Codeine, Sulfa drugs, Acrylic, Local Anesthetics

Other Allergies If yes

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

- AIDS/HIV Positive, Angina, Blood Transfusions, Cancer, Congenital Heart Disease, Epilepsy or Seizures, Frequent Headaches, Heart murmur, Hepatitis A, High Cholesterol, Kidney Problems, Lung Disease, Pain in Jaw or Joints, Renal Disease, Sickle Cell Disease, Stroke, Tumors or Growths, Alzheimer's, Arthritis/Gout, Blood Disease, Chest Pains, Convulsions, Excessive Bleeding, Glaucoma, Heart Pacemaker, Hepatitis B or C, Hives, Leukemia, Metal Plates/Pins/Rods, Parathyroid Disease, Rheumatic Fever, Sinus Trouble, Swelling in Limbs, Ulcers, Anaphylaxis, Artificial Heart Valve, Breathing Problems, Chemotherapy, Diabetes, Excessive Thirst, Hay Fever, Heart trouble/Disease, Herpes, Hypoglycemia, Liver Disease, Mitral Valve Prolapse, Psychiatric Care, Rheumatism Disease, Shingles, Thyroid Disease, Venereal Disease, Anemia, Asthma, Bruises Easily, Cold sores/Fever Blisters, Drug Addiction, Fainting spells/Dizziness, Heart Attack/Failure, Hemophilia, High Blood Pressure, Irregular Heartbeat, Low Blood Pressure, Osteoporosis, Radiation Treatment, Scarlet Fever, Stomach/Intestinal Disease, Tuberculosis

Have you ever had a serious illness not listed
Today's Blood Pressure

Patient or Guardian 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.

Signature of Patient, Parent or Guardian:

X

Date:

Doctor

Signature of Doctor:

X

Date: