## **Eaglesoft Medical History**

Patient Name: Birth Date: Date Created:

Pregnant/Trying to get pregnant?  Nursing?  Taking oral contraceptives?  Are you allergic to any of the following?  Aspirin  Metal  Do you use controlled substances?  Other?  Taking oral contraceptives?  Codeine  Sulfa Drugs  Local Anesthetics  If yes	Are you under a physician's care now?    Yes   No   If yes	Are you under a physician's care now?    Are you sever been hospitalized or had a major operation?   Have you ever had a serious head or neck injury?   Are you taking any medications, pills, or drug?   Yes	
Have you ever been hospitalized or had a major	Have you ever been hospitalized or had a major operation?  Are you taking any medications, pills, or drugs?  Yes No If yes  Do you take, or have you taken, Phen-Fen or Reduc?  Yes No If yes  Have you ever taken Fosamax, Baniva, Actonel or any other medications containing bisphosphonates?  Are you on a special dilet?  Do you use tobacco?  Yes No  Nomen: Are you  Pregnant/Trying to get pregnant?  Metal Latex  Pres No  Jif yes  Codeline  Sulfa Drugs  Code	Have you ever been hospitalized or had a major operation?  Are you taking any medications, pills, or drugs?  Are you taking any medications, pills, or drugs?  Are you taken, or have you taken, Phen-Fen or Redux?  Yes No  If yes  Do you take, or have you taken, Phen-Fen or Redux?  Yes No  If yes  Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates?  Are you on a special diet?  Do you use tobacco?  Women: Are you  Pregnant/Trying to get pregnant?  Are you allergic to any of the following?  Are you allergic to any of the following?  Are you suse controlled substances?  Other?  In yes No  Women: Are you  Pencillin  Latex  Do you use controlled substances?  Yes No  If yes  Codeine  Sulfo Drugs  Acrylic  Local Anesthetics  Do you use controlled substances?  Yes No  Alzheimer's Disease  Yes No  Alzheimer's Disease  Yes No  Anaphylaxios  Yes No  Anaphylaxios  Yes No  Arthricial Heart Valve  Yes No  Arthricial Heart Valve  Yes No  Ashma  Yes No  Ashma  Yes No  Blood Disease  Yes No  Cancer  Yes No  Cancer  Yes No  Chemotherapy  Yes No  Congental Heart Border  Yes No  Congental Heart Border  Yes No  Congental Heart Dorder  Yes No  Congental Heart Dorder  Yes No  Congental Heart Dorder  Yes No  Vellow Jaundice  Yes No  Veneral Disease  Ves No  Veneral Disease  Ves No  Veneral Disease  Ves No  Pepchiatric Care  Yes No  Pepchiatric Care  Yes No  Veneral Disease  Ves No  Pepchiatric Care  Yes No  Pepchiatric Care  Yes No  Pepchiatric Care  Ves No  Pepchiatric Care  Ves No  Veneral Disease  Veneral Dise	have, or medic
operation?  Are you take, or have you taken, Phen-Fen or Redux?  Yes No If yes  Do you take, or have you taken, Phen-Fen or Redux?  Yes No If yes  Have you ever taken Fossmax. Bonka, Actonel or any other medications containing bisphosphonates?  Are you on a special diet?  Yes No  Do you use tobacco?  Yes No  Women: Are you  Pregnant/Trying to get pregnant?  Nursing?  Aspirin  Penicillin  Metal  Latex  Other?  If yes  Codeine  Sulfa Drugs  Local Anesthetics  Acrylic  Metal  Latex  Do you use controlled substances?  Other?  Albewiner's Disease  Yes No  Alzheimer's Disease  Yes No  Anemia  Yes No  Arthical Heart Valve  Arthical Heart Valve  Yes No  Blood Transfusion  Yes No  Broushing Problems  Yes No  Broushing Problems  Yes No  Broushing Problems  Yes No  Glaucoma  Neart Prequent Loagh  Yes No  Condest Pains  Yes No  Congerital Heart Stooder  Yes No  Conge	operation?  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  Have you ever taken Fosamax, Bonka, Actonel or any other medications containing bisphosphonates?  Are you on a special diel?  Do you use tobacco?  Yes No  Yes No  Women: Are you  Pregnant/Trying to get pregnant?  In a sprint  Asprint  Asprint  Metal  Latex  Yes No  If yes  Codelne  Sulfa Drugs  Codelne  Sulfa Drugs  Codelne  Acrylic  Local Anesthetics  Do you use controlled substances?  Other?  If yes  Do you use controlled substances?  Other?  If yes  Do you have, or have you had, any of the following?  Albs/HIV Postitive  Albs/HIV Postitive  Ves No  Alaheimer's Disease  Yes No  Anaphylaxs  Yes No  Angina  Yes No  Angina  Yes No  Angina  Yes No  Artificial Heart Valve  Yes No  Blood Transfusion  Yes No  Blood Transfusion  Yes No  Broad Disease  Yes No  Cortiscent Headaches  Yes No  Broad Disease  Yes No  Cortiscent Headaches  Yes No  Broad Disease  Yes No  Broad Disease  Yes No  Conerce  Yes No  Cortiscent Headaches  Yes No  Conerce  Yes No  Cortiscent Headaches  Yes No  Conerce  Yes No  Conerce  Yes No  Conerce  Yes No  Condition  Yes No  C	peration? Have you ever had a serious head or neck injury? Are you taking any medications, pills, or drugs? Ves No Do you take, or have you taken, Phen-Fen or Redux? Yes No Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates? Are you on a special diet? Do you use tobacco? Yes No Women: Are you Pregnant/Trying to get pregnant? Nursing? Taking oral contraceptives? Women: Are you allergic to any of the following? Aspirin Hetal Latex Do you use controlled substances? Other?  AlDis/HIV Positive Yes No Do you had, any of the following? AlDis/HIV Positive Yes No Do you have, or have you had, any of the following? AlDis/HIV Positive Yes No Anaphylaxis Yes No Anaphylaxis Yes No Anaphylaxis Yes No Anaphylaxis Yes No Angina Yes No Anthritis/Gout Arthritis/Gout Arthritis/Gout Arthritis/Gout Yes No Arthritis/Gout Arthritis/Gout Yes No Arthritis/Gout Yes No Arthritis/Gout Arthritis/Gout Yes No Arthritis/Gout Arthritis/Gout Yes No Arthritis/Gout Arthritis/Gout Yes No Blood Transfusion Yes No Breating Problems Yes No Breating Problems Yes No Galucoma Galucoma Yes No Galucoma Yes No Concert Heart Norder Yes No Concerted Heart Disorder Yes No Concerted Heart Norder Yes No Concerted Heart Disorder Yes No Concerted Heart Norder Yes No Concerted Hea	
Are you take, or have you taken, Phenr-Fen or Redux? Yes No If yes Do you take, or have you taken, Phenr-Fen or Redux? Yes No If yes Do you take, or have you taken, Phenr-Fen or Redux? Yes No If yes Do you take, or have you taken, Phenr-Fen or Redux? Yes No If yes Do you use tobacco? Yes No Vormen: Are you  Pregnant/Trying to get pregnant? Nursing? Taking oral contraceptives?  Are you allergic to any of the following? Apprin Penicillin Do you use controlled substances? Yes No If yes Do you use controlled substances? Yes No If yes Do you use controlled substances? Yes No Do by Detes Yes No Do have, or have you had, any of the following? Albehimer's Disease Yes No Drug Addiction Yes No Anaphyloxis Yes No Eaphleysor Selection Yes No Anaphyloxis Yes No Epilepsy or Selecture Yes No Arthridis/Cout Yes No Excessive Bleeding Yes No Frequent Diarrhea Periuse Easily Winded Yes No Blood Disease Yes No Frequent Diarrhea Periuse Easily Yes No Cancer Yes No Breathing Problems Yes No Gaucoma Yes No Gongental Heart Selection Yes No Gongental Heart Selection Yes No Heart Murmur Yes No Conditions Yes No Heart Murmur Yes No Gongental Heart Cacemaker Yes No Heart Murmur Yes No Conditions Yes No Heart Murmur Yes No Conditions Yes No Heart Trouble/Disease Yes No Heart Trouble/Disease Yes No Wenereal Disease Yes No Venereal Disease Yes No Wenereal Disease Yes No Yes No Conditions Yes No Heart Trouble/Disease Yes No Wenereal Disease Yes No Yes No Yes No Conditions Yes No Heart Tacemaker Yes No Heart Murmur Yes No No	Are you taking any medications, pills, or drugs?  Yes No If yes  Do 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  Do you ser taken Fosamax, Bonka, Actonel or any other medications containing bisphosphonates?  Are you on a special diet?  Yes No Do you use tobacco?  Nomen: Are you  PregnantTrying to get pregnant?  Nursing?  Nursing?  Taking oral contraceptives?  Nomen: Are you  PregnantTrying to get pregnant?  Nursing?  Aspirin  Metal  Latex  Yes No If yes  Oyou have, or have you had, any of the following?  Alzheimer's Disease  Yes No Dahabes  Oyou have, or have you had, any of the following?  Alzheimer's Disease  Yes No Dahabes  Yes No Dahabes  Orall Arthritis/Cout Yes No Easily Winded  Anemia Yes No Easily Winded  Ye	Have you ever had a serious head or neck injury?  Are you taking any medications, pills, or drugs?  Or you take, or have you taken, Phen-Fen or Redux?  Have you ever taken Fosamax, Bonkva, Actonel or any other medications containing bisphosphonates?  Are you an a special diet?  Do you use tobacco?  Women: Are you  Pregnant/Trying to get pregnant?  Are you alergic to any of the following?  Are you allergic to any of the following?  Are you allergic to any of the following?  Are you secontrolled substances?  Other?  Over have you have, or have you had, any of the following?  AlDS/HIV Postive  Are you, have, or have you had, any of the following?  AlDS/HIV Postive  Are you have, or have you had, any of the following?  AlDS/HIV Postive  Yes No  Anaphylaxis  Alzheimer's Disease  Yes No  Anaphylaxis  Yes No  Anaphylaxis  Yes No  Arthricial heart Valve  Yes No  Arthricial Joint  Yes No  Blood Transfusion  Yes No  Blood Transfusion  Yes No  Blood Transfusion  Yes No  Blood Transfusion  Yes No  Broething Problems  Yes No  Cancer  Yes No  Heart Murmur  Yes No  Congental Heart Diseade  Yes No  Congental Heart Disorder  Yes No  Heart Trouble/Disease  Yes No  Congental Heart Disorder  Yes No  Congental Heart Disorder  Yes No  Heart Trouble/Disease  Yes No  Psychiatric Care  Yes No  Venerval Disease  Yes No  Congental Heart Disorder  Yes No  Heart Trouble/Disease  Yes No  Venerval Disease  Venerval Disease  Venerval Disease  Venerval Disease  Yes No  Venerval Disease  Yes No  Venerval Disease  Vene	
Do you take, or have you taken, Phen-Fen or Redux? Yes No If yes Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonotes? Are you on a special diet?  Do you use tobacco? Yes No Vomen: Are you  Pregnant/Trying to get pregnant? Nursing? Taking oral contraceptives?  Aspirin Penicillin Codeine Sulfa Drugs	Do you take, or have you taken, Phen-Fen or Redux? Yes No If yes Hove you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates? Are you on a special diet?  Do you use tobacco? Yes No  Normen: Are you    Pregnant/Trying to get pregnant?	Do you take, or have you taken, Phen-Fen or Redux? Yes No If yes	
Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates? Are you on a special diet?  Do you use tobacco?  Ves No  Women: Are you  Pregnant/Trying to get pregnant?  Nursing?  Penicillin  Metal  Latex  Penicillin  Metal  Latex  Penicillin  Metal  Local Anesthetics  Do you use controlled substances?  Other?  Suffa Drugs  Codeine  S	Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates? Are you on a special diet?  Do you use tobacco?  Ver you allergic to any of the following?  Aspirin  Metal  Do you use controlled substances?  Other?  Yes No Other?  Oyou have, or have you had, any of the following?  AlDS/HIV Positive  Ver So No Anaphylavis  Yes No Arthridical Heart Valve  Yes No Arthridical Solint  Yes No Blood Transfusion  Yes No Breating Problems  Yes No Breating Problems  Yes No Gental Herpes  Yes No Cheer Dains  Yes No Glaucoma  Yes No Cheer Dains  Yes No Chemotherapy  Yes No Congental Heart Devorder  Yes No Congental Hea	Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates? Are you on a special diet?  Yes No  Nomen: Are you  Pregnant/Trying to get pregnant?  Nursing?  Nursing?  Taking oral contraceptives?  Are you alergic to any of the following?  Are you alergic to any of the following?  Aspirin  Metal  Latex  Do you use controlled substances?  Other?  If yes  Outher?  AIDS/HIV Positive  Alzheimer's Disease  Yes No  Anaphykaxis  Yes No  Anaphykaxis  Yes No  Anaphykaxis  Yes No  Angina  Yes No  Angina  Yes No  Angina  Yes No  Artificial Heart Valve  Asthma  Yes No  Blood Disease  Yes No  Blood Disease  Yes No  Blood Transfusion  Yes No  Blood Transfusion  Yes No  Blood Transfusion  Yes No  Blood Transfusion  Yes No  Bruise Easily  Yes No  Cancer  Yes No  Cond'Sores/Fever Bisters  Yes No  Cond'Sores/	
any other medications containing bisphosphonates?  Are you on a special diet?  Pregnant/Trying to get pregnant?  Nursing?  Penicillin  Aspirin  Penicillin  Codeine  Acrylic  Sulfa Drugs  Codeine  Acrylic  Sulfa Drugs  Codeine  Acrylic  Sulfa Drugs  Codeine  Acrylic  Codeine  Acrylic  Sulfa Drugs  Codeine  Acrylic  Sulfa Drugs  Codeine  Acrylic  Codeine  Acrylic  Sulfa Drugs  Codeine  Acrylic  Acrylic  Sulfa Drugs  Codeine  Acrylic  Sulfa Drugs  Codeine  Acrylic  Sulfa Drugs  Codeine  Acrylic  Acrylic  Sulfa Drugs  Codeine  Acrylic  Acrylic  Sulfa Drugs  Codeine  Acrylic  Sulfa Drugs  Codeine  Acrylic  Sulfa Drugs  Codeine  Acrylic  Acrylic  Sulfa Drugs  Codeine  Acrylic  Acrylic  Sulfa Drugs  Acrylic  Bodeine  Acrylic  Acrylic  Acrylic  Sulfa Drugs  Codeine  Acrylic  Acrylic  Bodeine  Acrylic  Acrylic  Acrylic  Bodeine  Acrylic  Acrylic  Bodeine  Ac	any other medications containing bisphosphonates?  Are you on a special diet?  Pregnant/Trying to get pregnant?  Pregnant/Trying to get pregnant?  Pregnant/Trying to get pregnant?  Aspirin  Metal  Do you use controlled substances?  Other?  Penicillin  Latex  Penicillin  Sulfa Drugs  Codeine  Sulfa Drugs  Codeine  Sulfa Drugs  Codeine  Acrylic  Local Anesthetics  Do you use controlled substances?  Other?  If yes  Or you have, or have you had, any of the following?  Albelmer's Disease  Yes No Anaphylaxis  Yes No Anaphylaxis  Yes No Anaphylaxis  Yes No Anaphylaxis  Yes No Angina  Yes No Easily Winded  Yes No Arthricial Joint  Yes No Arthricial Point  Yes No Arthricial Joint  Yes No Blood Disease  Yes No Blood Transfusion  Yes No Breathing Problems  Yes No Bruse Easily  Yes No Cancer  Yes No Cancer  Yes No Condisores/Fever Bisters Yes No Condisores/Fever Bisters Yes No Condisores/Fever Bisters Yes No Congental-Heart Disorder Yes No Congental-Heart	Are you on a special diet?  Or yes No    Pregnant/Trying to get pregnant?	
Are you on a special diet?	Are you on a special diet?    Yes   No	Are you on a special diet?  Do you use tobacco?  Women: Are you  Pregnant/Trying to get pregnant?  Are you allergic to any of the following?  Aspirin  Aspirin  Penicillin  Latex  Sulfa Drugs  Codeine  Sulfa Drugs  Codeine  Acrylic  Local Anesthetics  Do you use controlled substances?  Other?  If yes  Covo you have, or have you had, any of the following?  AlDs/HIV Positive  Yes No  Anaphyloxis  Yes No  Anaphyloxis  Yes No  Anemia  Yes No  Arthritis/Gout  Arthritis/Gout  Arthritis/Gout  Arthritis/Gout  Yes No  Arthritis/Gout  Arthritial Heart Valve  Yes No  Blood Disease  Yes No  Blood Transfusion  Blood Transfusion  Penicillin  Codeine  Sulfa Drugs  Addiction  Yes No  Hepatitis A  Yes No  Hepatitis A  Yes No  Hepatitis B or C  Yes No	
Do you use tobacco?  Yes No  Nomen: Are you  Pregnant/Trying to get pregnant?  Nursing?  Taking oral contraceptives?  Ver you allergic to any of the following?  Aspirin  Metal  Do you use controlled substances?  Other?  If yes  Other?  AIDS/HIV Positive  AIZbelmer's Disease  Yes No Alzheimer's Disease  Yes No Anaphylaxis  Yes No Anaphylaxis  Yes No Anghia  Yes No Anghia  Yes No Arthritis/Gout  Yes No Blood Disease  Yes No Blood Disease  Yes No Blood Disease  Yes No Blood Transfusion  Yes No Blood Transfusion  Yes No Breathing Problems  Yes No Breathing Problems  Yes No Genital Herpes  Yes No Concer  Yes No Genital Herpes  Yes No Genital Herpes  Yes No Genital Herpes  Yes No Condesores/Fever Bletters  Yes No Heart Attack/Failure  Yes No Congental Heart Doorder  Yes No Venereal Disease  Yes No Venere	Nomen: Are you    Pregnant/Trying to get pregnant?	Nomen: Are you Pregnant/Trying to get pregnant? Nursing? Nursing? Taking oral contraceptives?  Are you allergic to any of the following? Aspirin Aspirin Aspirin Aspirin Aspirin Alzheimer's Disease Alzheimer's Disease Arbyliaxis Anaphylaxis Yes No Anaphylaxis Yes No Anaphylaxis Aspirin Alzheimer's Disease Arbyliaxis Anaphylaxis Yes No Anaphylaxis Arbyliaxis	
Normen: Are you   Pregnant/Trying to get pregnant?   Nursing?   Taking oral contraceptives?	Pregnant/Trying to get pregnant?	Women: Are you Pregnant/Trying to get pregnant?  Nursing?  Codeine Acrylic Metal  Latex  Sulfa Drugs  Local Anesthetics  Do you use controlled substances? Other?  If yes  Coyou have, or have you had, any of the following?  AlDS/HIV Positive Yes No Alzheimer's Disease Yes No Anaphylaxis Yes No Anaphylaxis Yes No Anaphylaxis Yes No Angina Yes No Epilepsy or Seizures Persuent Gold Sores/Fever Bisters No Blood Transfusion Brusie Easily Yes No Brusie Easily Yes No Cenert Headaches Persuent Medicine Prequent Dough Yes No Frequent Headaches Persuent Medicine Persuent Gold Sores/Fever Bisters No Gonorental Heard Toxorde Near Trouble/Disease Persund Nursing?  Codeine Sulfa Drugs  Local Anesthetics  Local Anesthetics  Local Anesthetics  Hemophilia Yes No Hepatitis A Yes No Hepatitis B or C Yes No Hepatitis A Hepatitis B or C Yes No Hepatitis	
Pregnant/Trying to get pregnant?  Nursing?    Taking oral contraceptives?   Appirin	Pregnant/Trying to get pregnant?    Pregnant/Trying to get pregnant?   Nursing?   Taking oral contraceptives?	Pregnant/Trying to get pregnant?  Are you allergic to any of the following?  Aspirin  Metal  Do you use controlled substances?  Other?  AIDS/HIV Positive  Yes No Anaphylaxis  Angina  Arthritis/Gout  Yes No Blood Disease  Yes No Blood Transfusion  Blood Transfusion  Breathing Problems  Yes No Broadshing Prequent Cough  Frequent Cough  Frequent Headaches  Yes No Broadshing Problems  Frequent Headaches  Yes No Controlled substances?  Yes No Arthritis/Gout  Yes No Blood Transfusion  Broadshing Problems  Yes No Glaucoma  Yes No Congental Heart Disorder  Yes No Congental Heart Disorder  Yes No Heart Matack/Failure  Yes No Congental Heart Disorder  Yes No Heart Matack/Failure  Yes No Heart Trouble/Disease  Yes No Heart Trouble/Disease  Yes No Product Head Sches  Yes No Heart Trouble/Disease  Yes No Prantyroid Disease  Yes No Prantyroid Disease  Yes No Prantyroid Disease  Yes No Prantyroid Disease  Yes No Uccers  No Heart Trouble/Disease  Yes No Prantyroid Disease  Yes No Heart Trouble/Disease  Yes No Prantyroid Disease Presynen Prediction  Codeine  Acrylic  Sourla Parcylic  Local Anesthetics  Local Anesthetics	
Aspirin	Arbeimer's Disease Yes No Anaphylaxis Yes No No Anaphylaxis Yes No No Anaphylaxis Yes No Anaphylaxis Yes No No Anaphylaxis Ye	Are you allergic to any of the following?    Appirin	
Aspirin Penicillin Latex Sulfa Drugs Local Anesthetics  Do you use controlled substances?  Other?  Other Solution  Other Solut	Aspirin   Penicillin   Latex   Sulfa Drugs   Local Anesthetics      Do you use controlled substances?   Yes   No   If yes	Aspirin	
Do you use controlled substances?  Other?  Oth	Do you use controlled substances?	Metal	
Do you use controlled substances?  Other?  If yes  Or you have, or have you had, any of the following?  AIDS/HIV Positive	Other?    If yes	Do you use controlled substances?  Other?  If yes  Do you have, or have you had, any of the following?  AIDS/HIV Positive	
Other?  If yes  Or you have, or have you had, any of the following?  AIDS/HIV Positive Yes No Diabetes Yes No Diabetes Yes No Hepatitis A Yes No Hepatitis A Yes No Hepatitis B or C Yes No Hepatitis	Other?  If yes  AIDS/HIV Positive	Other?    If yes	
AIDS/HIV Positive Yes No Alzheimer's Disease Yes No Diabetes Yes No Anaphylaxis Yes No Hepatitis A Yes No Recent Weight Loss No Recent Weight Loss Yes No Recent Weight Loss Yes No Recent Weight Loss No Recent Weight Loss No Recent Weight Loss Yes No Recent Weight Loss No Recent W	AlDS/HIV Positive Yes No Diabetes Yes No Hepatitis A Yes No Hepatitis A Yes No Hepatitis B or C Yes No Hepatitis For C Yes No Hepatitis For C Yes No Recent Weight Loss Yes No Anaphylaxis Yes No Easily Winded Yes No Hepatitis B or C Yes No Hepatitis For C Yes No Hepatitis For C Yes No Recent Weight Loss Yes No Anaphylaxis Yes No Hepatitis For C Yes No Hepatitis For	AIDS/HIV Positive	
AIDS/HIV Positive	AIDS/HIV Positive	AIDS/HIV Positive	
AIDS/HIV Positive	AIDS/HIV Positive	AIDS/HIV Positive	
Alzheimer's Disease Yes No Diabetes Yes No Anaphylaxis Yes No Drug Addiction Yes No Anaphylaxis Yes No Drug Addiction Yes No Anemia Yes No Angina Yes No Easily Winded Yes No Herat Herbes Yes No Herat Herbes Yes No Arthritis/Gout Yes No Epilepsy or Seizures Yes No High Cholesterol Yes No Arthritical Joint Yes No Excessive Bleeding Yes No High Cholesterol Yes No Arthritical Joint Yes No Excessive Bleeding Yes No Hypoglycemia Yes No Blood Disease Yes No Frequent Cough Frequent Cough Yes No Breathing Problems Yes No Gancer Yes No Glaucoma Yes No Congenital Heart Disorder Yes No Congenital Heart Disorder Yes No Heart Trouble/Disease Yes No Heart Trouble/Disease Yes No Convulsions Yes No Heart Trouble/Disease Yes No Ro Herat Trouble/Disease Yes No Convulsions Yes No Heart Trouble/Disease Yes No Ro Herat Murmur Yes No Convulsions Yes No Heart Trouble/Disease Yes No No Herat Trouble/Disease Yes No Proceeding Yes No Proceeding Yes No Heart Trouble/Disease Yes No Proceeding Yes No Heart Trouble/Disease Yes No Proceeding Yes No Herat Murmur Yes No Proceeding Yes No Proceeding Yes No Herat Murmur Yes No Proceeding Yes No P	Alzheimer's Disease	Alzheimer's Disease Yes No Anaphylaxis Yes No Anaphylaxis Yes No Anemia Yes No Anemia Yes No Angina Yes No Angina Yes No Arthritis/Gout Yes No Arthritis/Gout Yes No Artificial Heart Valve Yes No Artificial Joint Yes No Artificial Joint Yes No Blood Disease Yes No Blood Disease Yes No Blood Transfusion Yes No Breathing Problems Yes No Cancer Yes No Chemotherapy Yes No Chest Pains Yes No Congenital Heart Disorder Yes No Congenital Heart Disorder Yes No Convulsions Yes No Yes	
Anaphylaxis	Anaphylaxis	Anaphylaxis	
Anemia Yes No Angina Yes No Arthritis/Gout Yes No Arthritis/Gout Yes No Artificial Heart Valve Yes No Artificial Joint Yes No Artificial Joint Yes No Asthma Yes No Blood Disease Yes No Blood Disease Yes No Blood Transfusion Yes No Breathing Problems Yes No Bruise Easily Yes No Genital Herpes Yes No Genital Herpes Yes No Genital Herpes Yes No Gorgenital Heart Attack/Failure Yes No Congenital Heart Disorder Yes No Convulsions Yes No Heart Trouble/Disease Yes No Carter Yes No No High Blood Pressure Yes No High Cholesterol Yes No Scarlet Fever Yes No High Cholesterol Yes No High Blood Pressure Yes No High Blood Pressure Yes No Scarlet Fever No Scar	Anemia Yes No Angina Yes No Arthritis/Gout Yes No Arth	Anemia Yes No Easily Winded Yes No Herpes Yes No Rheumatic Fever Angina Yes No Emphysema Yes No Emphysema Yes No High Blood Pressure Yes No Rheumatism No Scarlet Fever Yes No High Cholesterol Yes No Scarlet Fever Yes No No High Cholesterol Yes No Scarlet Fever Yes No No High Cholesterol Yes No Scarlet Fever Yes No No High Cholesterol Yes No Scarlet Fever Yes No No High Cholesterol Yes No Scarlet Fever Yes No No High Cholesterol Yes No Scarlet Fever Yes No No High Cholesterol Yes No Scarlet Fever Yes No No High Cholesterol Yes No Scarlet Fever Yes No No High Cholesterol Yes No Scarlet Fever Yes No No High Cholesterol Yes No Scarlet Fever Yes No No High Cholesterol Yes No Scarlet Fever Yes No No High Cholesterol Yes No Scarlet Fever Yes No No High Cholesterol Yes No No Heart Cough Yes No High Cholesterol Yes No No Heart Attack/Failure Yes No No Heart Attack/Failure Yes No Parathyroid Disease Yes No No Heart Trouble/Disease Yes No No Yellow Jaundice Yes No Heart Trouble/Disease Yes No No Heart Trouble/Disease Yes No Yellow Jaundice Yes No No Heart Trouble/Disease Yes No No Yellow Jaundice Yes No No Heart Trouble/Disease Yes No No Yellow Jaundice Yes No No Heart Trouble/Disease Yes No Yes No Yellow Jaundice Yes No Yes No Yes No Yellow Jaundice Yes No No Heart Trouble/Disease Yes No Yes No Yellow Jaundice Yes No Yes No Yes No Yellow Jaundice Yes No Yes No Yes No Yes No Yes No Yellow Jaundice Yes No Yellow Jaundice Yes No Yellow Jaundice Yes No Yes	
Angina Yes No Arthritis/Gout Yes No Arthritis/Gout Yes No Arthritis/Gout Yes No Artificial Heart Valve Yes No Artificial Joint Yes No Artificial Joint Yes No Asthma Yes No Blood Disease Yes No Blood Disease Yes No Breathing Problems Yes No Bruise Easily Yes No Genital Herpes Yes No Genital Herpes Yes No Chemotherapy Yes No Congenital Heart Disorder Yes No Convulsions Yes No Heart Trouble/Disease Yes No Convulsions Yes No Heart Trouble/Disease Yes No Carter Yes No High Cholesterol Yes No Scarlet Fever Yes No Scarlet F	Angina	Angina	
Arthritis/Gout Yes No Epilepsy or Seizures Yes No Artificial Heart Valve Yes No Excessive Bleeding Yes No Excessive Thirst Yes No Excessive Bleeding Yes No Excessive Blook Yes No Excessive Bleeding Yes No Excessive Bleed	Arthritis/Gout	Arthritis/Gout Yes No Epilepsy or Seizures Yes No Artificial Heart Valve Yes No Artificial Joint Yes No Excessive Bleeding Yes No Artificial Joint Yes No Excessive Bleeding Yes No Asthma Yes No Blood Disease Yes No Blood Disease Yes No Breathing Problems Yes No Bruise Easily Yes No Cancer Yes No Chemotherapy Yes No Chest Pains Yes No Congenital Heart Disorder Yes No Convulsions Yes No Yellow Jaundice Yes No Yes	Yes      N
Artificial Heart Valve Yes No Artificial Joint Yes No Artificial Joint Yes No Asthma Yes No Asthma Yes No Blood Disease Yes No Blood Disease Yes No Blood Transfusion Yes No Breathing Problems Yes No Bruise Easily Yes No Cancer Yes No Chemotherapy Yes No Cold Sores/Fever Blisters Yes No Convulsions Yes No Convulsions Yes No Heart Trouble/Disease Yes No Convulsions Yes No Heart Trouble/Disease Yes No Convulsions Yes No No Asthma Yes No Heart Trouble/Disease Yes No No Asthma Yes No Heart Trouble/Disease Yes No No Asthma Yes No Heart Trouble/Disease Yes No No Convulsions Yes No Heart Trouble/Disease Yes No No Convulsions Yes No Heart Trouble/Disease Yes No No Convulsions Yes No Yes N	Artificial Heart Valve	Artificial Heart Valve Yes No Artificial Joint Yes No Artificial Joint Yes No Asthma Yes No Blood Disease Yes No Blood Disease Yes No Breathing Problems Yes No Bruise Easily Yes No Cancer Yes No Chemotherapy Yes No Congenital Heart Disorder Yes No Convulsions Yes No Convulsions Yes No Yes No Yellow Jaundice Yes No Y	Yes      N
Artificial Joint	Artificial Joint	Artificial Joint	Yes
Blood Disease	Blood Disease	Blood Disease	Yes
Blood Transfusion	Blood Transfusion	Blood Transfusion	Yes
Breathing Problems	Breathing Problems	Breathing Problems	Yes
Bruise Easily	Bruise Easily	Bruise Easily	e 🔘 Yes 🔘 N
Cancer	Cancer	Cancer	Yes
Chemotherapy	Chemotherapy	Chemotherapy	Yes N
Chest Pains	Chest Pains	Chest Pains	Yes
Cold Sores/Fever Blisters   Yes   No Congenital Heart Disorder   Yes   No Convulsions   Yes   No Heart Trouble/Disease   Yes   No	Cold Sores/Fever Blisters   Yes   No Congenital Heart Disorder   Yes   No Yellow Jaundice   Yes   No	Cold Sores/Fever Blisters	Yes N
Congenital Heart Disorder	Congenital Heart Disorder	Congenital Heart Disorder	Yes
Convulsions	Convulsions	Convulsions	Yes N
	Yellow Jaundice    ○ Yes   ○ No	Yellow Jaundice    Yes No	Yes
Yellow Jaundice  ○ Yes  ○ No			Yes
		Have you ever had any serious illness not listed   Yes No If yes	
Have you ever had any serious illness not listed    Yes No If yes		Commenter	
	Comments:	COMMITTORIES	
	Comments:		gerous to my (
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 (o	o 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 (o	atient's) nealth. It is my responsibility to inform the dental office of any changes in medical status.	
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 (o		Signature of Patient, Parent or Guardian:	
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 atient's) health. It is my responsibility to inform the dental office of any changes in medical status.	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 atient's) health. It is my responsibility to inform the dental office of any changes in medical status.		

Date:\_\_\_\_\_

Χ