

Eaglesoft Medical History WAHOODENTAL(Copy)

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.

My Preferred Dentist is:

- Dr. Jason Glock
Dr. Kelsey Sasse

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?
Are you taking any medications, pills, or drugs?
Are you currently taking any blood thinners? Please list type and amount
Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates?
Have you ever been required to take a prophylactic antibiotic (Pre-Med) before dental appointments? If yes, what is/was
Are you on a special diet?
Do you use tobacco? In what form? ie. Cigarettes, Chewing Tobacco, Other.

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

Do you use controlled substances?
Other?

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

AIDS/HIV Positive, Alzheimer's Disease, Anaphylaxis, Anemia, Angina, Arthritis/Gout, Excessive Bleeding, Excessive Thirst, Fainting Spells/Dizziness, Frequent Cough, Leukemia, Liver Disease, Swelling of Limbs, Thyroid Disease, Tonsillitis, Tuberculosis, Tumors or Growths, Ulcers, Yellow Jaundice, Cortisone Medicine, Diabetes, Drug Addiction, Easily Winded, Emphysema, Epilepsy or Seizures, Hives or Rash, Hypoglycemia, Irregular Heartbeat, Kidney Problems, Stomach/Intestinal Disease, Stroke, Cancer, Chemotherapy, Chest Pains, Cold Sores/Fever Blisters, Congenital Heart Disorder, Convulsions, Bleed Easily, Hemophilia, Hepatitis A, Hepatitis B or C, Herpes, High Blood Pressure, High Cholesterol, Shingles, Sickle Cell Disease, Sinus Trouble, Spina Bifida, Breathing Problems, Bruise Easily, Glaucoma, Hay Fever, Heart Attack/Failure, Heart Murmur, Heart Pacemaker, Heart Trouble/Disease, Radiation Treatments, Recent Weight Loss, Renal Dialysis, Rheumatic Fever, Rheumatism, Scarlet Fever, Artificial Joint, Asthma, Blood Disease, Blood Transfusion, Frequent Headaches, Low Blood Pressure, Lung Disease, Mitral Valve Prolapse, Osteoporosis, Pain in Jaw Joints, Parathyroid Disease, Psychiatric Care

Have you ever had any serious illness not listed above?

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:

X

Date: