## Eaglesoft Medical History Birth Date:

Patient Name:

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Date Created:

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

? ad a major opera neck injury? , or drugs? n-Fen or Redux? a, Actonel or any ates?	Yes Yes	No No No No No No No No No	If yes				
neck injury? , or drugs? i-Fen or Redux? a, Actonel or any	Yes Yes Yes Yes Yes Yes Yes	No No No No No No	If yes If yes If yes				
or drugs? n-Fen or Redux? a, Actonel or any	Yes Yes Yes Yes Yes Yes	No No No No No	If yes				
a, Actonel or any	<ul><li>Yes</li><li>other</li><li>Yes</li><li>Yes</li><li>Yes</li></ul>	No No No No	If yes				
a, Actonel or any	<ul><li>Yes</li><li>other</li><li>Yes</li><li>Yes</li><li>Yes</li></ul>	No No No No	If yes				
	other Yes Yes Yes	○ No	If yes				
ates?	○ Yes ○ Yes	⊚ No					
	Yes						
		○ No					
	Yes	_	_				
		⊚ No	If yes				
	Nursin	ıg?			■ Taking ora	contraceptives?	
Late	ex .			Sulfa Drugs		Local Anesthetics	
			If yes				
ne following?							
	one Mediane	Yes	⊚ No	Hemophilia		Radiation Treatments	⊚ Yes ⊚
No Diabet	tes	Yes	○ No	Hepatitis A	O Yes No	Recent Weight Loss	O Yes
No Drug A	Addiction	Yes	⊚ No	Hepatitis B or C	O Yes No	Renal Dialysis	O Yes
No Easily	Winded	Yes	No	Herpes	Yes No	Rheumatic Fever	O Yes
No Emphy	/sema	Yes	No     No	High Blood Pressure	Yes No	Rheumatism	Yes
No Epilep	sy orSeizures	Yes	○ No	High Cholesterol	Yes No	Scarlet Fever	O Yes O
No Excess	sive Bleeding	Yes	○ No	Hives or Rash	Yes No	Shingles	O Yes
No Excess	ive Thirst	Yes	No     No	Hypoglycemia	O Yes No	Sickle Cell Disease	O Yes
No Faintin	ng Spells/Dizziness	Yes	○ No	Irregular Heartbeat	Yes No	Sinus Trouble	O Yes
		Yes	○ No	Kidney Problems	Yes No	Spina Bifida	O Yes
						1	O Yes
							⊚ Yes ⊚
	•						⊚ Yes ⊚
						1	⊚ Yes ⊚
							⊚ Yes ⊚
							⊚ Yes ⊚
							⊚ Yes ⊚
							⊚ Yes ⊚
No Heart	rouble/Disease	⊕ Yes	◯ No	Psychiatric Care	Yes No	Yellow Jaundice	○ Yes ○
	the following?  No Cortis  No Diabet  No Drug A  No Easily  No Emphy  No Excess  No Faintir  No Freque  No Freque  No Galacco  No Hay Fe  No Heart  No Heart  No Heart	the following?  No Cortisone Mediane No Diabetes No Drug Addiction Easily Winded No Emphysema No Epilepsy or Seizures No Excessive Bleeding No Excessive Thirst No Fainting Spells/Dizziness No Frequent Cough No Frequent Diarrhea No Frequent Headaches No Genital Herpes No Glaucoma No Hay Fever No Heart Attack/Failure No Heart Murmur No Heart Pacemaker	the following?  No Cortisone Medidne Yes No Diabetes Yes No Drug Addiction Yes No Easily Winded Yes No Emphysema Yes No Excessive Bleeding Yes No Excessive Thirst Yes No Frequent Cough Yes No Frequent Diarrhea Yes No Genital Herpes Yes No Glaucoma Yes No Hay Fever Yes No Heart Attack/Failure Yes No Heart Murmur Yes No Heart Murmur Yes No Heart Murmur Yes	Penicillin Latex  the following?  No Cortisone Mediane Yes No No Diabetes Yes No No Drug Addiction Yes No No Easily Winded Yes No No Emphysema Yes No No Epilepsy or Seizures Yes No No Excessive Bleeding Yes No No Excessive Thirst Yes No No Frequent Cough Yes No No Frequent Diarrhea Yes No No Frequent Headaches Yes No No Ganital Herpes Yes No No Glaucoma Yes No No Hay Fever Yes No No Heart Attack/Failure Yes No No Heart Murmur Yes No No Heart Murmur Yes No	Penicillin Latex  If yes  the following?  No Cortisone Medidne Yes No Hemophilia No Diabetes Yes No Hepatitis A  No Drug Addiction Yes No Herpes No Easily Winded Yes No Herpes No Emphysema Yes No High Blood Pressure No Excessive Bleeding Yes No High Cholesterol No Excessive Thirst Yes No Hypoglycemia No Fainting Spells/Dizziness Yes No Hypoglycemia No Frequent Cough Yes No Leukemia No Frequent Diarrhea Yes No Leukemia No Frequent Headaches Yes No Low Blood Pressure No Galucoma Yes No Low Blood Pressure No Hay Fever Yes No Low Blood Pressure No Heart Attack/Failure Yes No Osteoporosis No Heart Murmur Yes No Pain in Jaw Joints No No Heart Murmur Yes No Parathyroid Disease	Penicillin Latex  If yes  The following?  No Cortisone Medicine No Diabetes Yes No Hepatitis A Yes No No Drug Addiction No Drug Addiction No Easily Winded Yes No Herpes Yes No No Emphysema Yes No High Blood Pressure Yes No No Excessive Bleeding Yes No High Cholesterol Yes No No Excessive Thirst Yes No No Frequent Cough Yes No No Frequent Diarrhea Yes No No Genital Herpes Yes No No No Genital Herpes Yes No No No Glaucoma Yes No Mitral Valve Prolapse Yes No No No Heart Attack/Failure Yes No Pain in Jaw Joints Yes No N	Penicillin Latex  If yes  Sulfa Drugs  Local Anesthetics  If yes  The following?  No Cortisone Mediane Yes No Hepatitis A Yes No Pray Addiction Yes No No Easily Winded Yes No Hepatitis B or C Yes No Recent Weight Loss No No Epilepsy or Seizures Yes No No Excessive Bleeding Yes No No Excessive Thirst Yes No No Frequent Cough No No Frequent Cough Yes No No No Frequent Cough Yes No No No Frequent Diarrhea Yes No No No Ganital Herpes Yes No No Cortisone Mediane Yes No Hemophilia Yes No Hepatitis A Yes No Real Dialysis Recent Weight Loss Recent Weight Los Recent Weight Loss Recent Weight Loss Recent Weight Loss Recent