Bishop Family Dentistry **Eaglesoft Medical History**

Patient Name:

Birth Date:

Date Created:

Date:___

			CONTRIO GIOUNG	FOR HOUSE	, you mo	was so a pa	rçor your enuc pagy. Aê	era i bi obies:	⇒ v10€ ¥0	u may have, or medication that	you may i	oc laking,
Are you under a physicien's care now?				O Yes(OMC	If yes				research of the second of the	<u> Paristani</u>	
Have you ever been hospitalized or had a major operation?					ONC	If yes		- International Control	المستورة والمستورة والمستو		\$ 14 (A. 18 (A.	
Have you ever had a serious head or neck injury?) No	If yes			ing a			
Are you taking any medications, pills, or drugs?) No	If yes				es, especiales, especialistica de deliberado de describante deliberado especialistica de la compansión de la c	and the second	
Do you take, or have you taken, Phen-Fen or Redux?						Ifyes				ara air air na marana air ann an agus mar an an ann a fhag a ar an gcaig a ras, aig ag ar ar agus an air ag ar Na air air an an Air an an Air air an Air air an air an air a		
Have you ever taken Fosamax, Boniva, Actonel or any other					ONO	If yes						
medications containing bit	onates?			_	1,	A Constitute Control of the Constitute Const	AMERICAN STREET, STREE	مراضية استثنائه	144 (1865) (144 (1864) (1864) (1864) (1864) (1864) (1864) (1864) (1864) (1864) (1864) (1864) (1864) (1864) (18	788 1 2 2 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2		
Are you on a special diet? Do you use tobacco?)No -							
•					ONO.		generalisment in internal and in the hold in the second of	ni meli seki diskalada nesanaya meren				
Do you use controlled sub			OYes (ONO	If yes							
Women: Are you							- we will shall introduce that a start and a second a second and a second a second and a second		· · · · · · · · · · · · · · · · · · ·	World-Add World of a complete		
Pregnant/Trying to get	pregnant.	?		Mursing] ?				iking ora	contraceptives?		
Are you allergic to any of the	following	>	e e		•			•			٠	1
Aspirin	the physiology of the second section is a second se			Codeine			Acrylic	- 14* PARACELIA MARILI. 10.				
☐Metal							Sulfa Drugs			Local Anesthetics		
Other?						_*			rtaileist hermory as in			
• cooper			Or seek to a control of the control	<u> </u>		Ifyes				— — — — — — — — — — — — — — — — — — —		النستنسن
Do you have, or have you ha	d, any of	the follow	ing?						Market Samuel Samuel			
AIDS/HIV Positive	O Yes		Cortisone Med	dne	() Yes		Hemophilia	() Yes	ON₀	Radiation Treatments	O Yes	O No
Alzheimer's Disease	○ Yes		Diabetes		○ Yes		Hepatitis A	○ Yes		Recent Weight Loss	O Yes	ON₀
Anaphylaxis	○Yes	-	Drug Addiction		() Yes	_	Hepatitis B or C	○ Yes		Renal Dialysis	O Yes	
Anemia	○ Yes				○ Yes	_	Herpes	○Yes	-	Rheumatic Fever	○ Yes	
Angina	○ Yes	-			○ Yes	=	High Blood Pressure	○ Yes		Rheumatism	○ Yes	
Arthritis/Gout Artificial HeartValva	O Yes	_			○Yes	_	High Cholesterol	○ Yes	_	Scarlet Fever	○ Yes	_
Artificial Joint	○ Yes]		○ Yes	- -	Hives or Rash	○ Yes		Shingles	○ Yes	
Asthma	○Yes ○Yes	_			O Yes		Hypoglycemia	○Yes	_	Sickle Cell Disease	Yes	_
Blood Disease	O Yes	_	Frequent Cough		○Yes ○Yes		Irregular Heartbeat Kidney Problems	○ Yes	_	Sinus Trouble Spina Bifida	Yes	
Elood Transfusion	O Yes		Frequent Diarrhea		O Yes		Leukemia	○ Yes ○ Yes		Stomach/Intestinal Disease	○ Yes	
Breathing Problems	O Yes		Frequent Headaches		O Yes	-	Liver Disease	○ Yes		Stroke	O Yes	=
Bruise Easily	O Yes		Genital Herpes		O Yes		Low Blood Pressure	O Yes		Swelling of Limbs	○ Yes	
Cancer	O Yes	_	Glaucoma		○ Yes		Lung Disease	O Yes		Thyroid Disease	O Yes	
Chemotherapy	○ Yes	-	l		○ Yes		Mitral Valve Prolapse	○ Yes	_	Tonsillitis	Yes	
Chest Pains	O Yes		Heart Attack/Fa	ilure	○ Yes		Osteoporosis	O Yes	_	Tuberculosis	O Yes	
Cold Sores/Fever Blisters	○ Yes	_	Heart Murmur		O Yes		Pain in Jaw Joints	O Yes		Tumors or Growths	O Yes	
Congenital Heart Disorder		_	Heart Pacemak	er	O Yes		Parathyroid Disease	○ Yes		Ulcers	O Yes	
Convulsions	○ Yes	○No	Heart Trouble/0) ls ease		_	Psychiatric Care	○ Yes	_	Venereal Disease	○ Yes	
					•			•	•	Yellow Jaundice	○ Yes	-
Hansa seems engan hand and a			. 3 -1		_							
Have you ever had any seri			ed above?	OYes (Ifyes						
Comments:					rich et le		option Experience and a consider	45.446.	77,345			
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Andrew Comments of the Comment												***************************************
To the best of my knowledge, the spansibility to inform the den	the question tal office of	ons on thi of any cha	s form have been anges in medical st	accurately: atus.	answered	. I unders	tand that providing incorre	ct informatio	n can be	dangerous to my (or patient's)	health. It	tis my
			_	•								
-Signature of Patient, Parent (or Gual tila	1 to make	ni roma i manani i i mi i mi amin mpaganjanj	cong. period character and	o'r	aana taagtaana garayagana	n mann (r. 20 deben der 16 220 Gestattittittitterressenteren en					