Patient Name:

Stephen L. Ruchlin, DDS Eaglesoft Medical History

Birth Date:

Date Created:

Date:

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.

ian's care now?		If yes				
spitalized or had a major	Yes No	If yes				
rious head or neck injury?	○ Yes ○ No	If yes		L Factor		
Are you taking any medications, pills, or drugs? Do you take, or have you taken, Phen-Fen or Redux?		No If yes				
samax, Boniva, Actonel or	○ Yes ○ No	If yes				
containing bisphosphonates?						
et?	○ Yes ○ No .					
	7 1					
get pregnant?	Nursing?			Taking or	al contraceptives?	
the following?						
Penicillin			Codeine		Acrylic Acrylic	
Latex			Sulfa Drugs		Local Anesthetics	
		If yes				
substances?	⊕ Yes ⊕ No	If yes				
had, any of the following?						
⊕ Yes ⊕ No Cortisone Me	dicine Ye	s 🗇 No	Hemophilia	⊕ Yes ⊕ No	Radiation Treatments	O Yes O N
⊕ Yes ⊕ No Diabetes	⊕ Ye	s 🗇 No	Hepatitis A	Yes No	Recent Weight Loss	O Yes O N
⊕ Yes ⊕ No Drug Addictio	n	s O No	Hepatitis B or C	Yes No	Renal Dialysis	O Yes O N
Yes No Easily Winder		s O No	Herpes	O Yes O No	Rheumatic Fever	O Yes O N
○ Yes ○ No Emphysema		s (No	High Blood Pressure		Rheumatism	O Yes O N
○ Yes ○ No Epilepsy or S	eizures @ Ye	s O No	High Cholesterol	Yes No	Scarlet Fever	⊕ Yes ⊕ N
⊕ Yes ⊕ No Excessive Ble		s 🖱 No	Hives or Rash	Yes No	Shingles	Yes N
○ Yes ○ No Excessive Thi		s 🕙 No	Hypoglycemia	Yes No	Sickle Cell Disease	O Yes O N
	/Dizziness © Ye		Irregular Heartbeat	Yes No	Sinus Trouble	O Yes ON
② Yes ② No Frequent Cou	The second secon	s 🗑 No	Kidney Problems	⊚ Yes ⊚ No	Spina Bifida	⊕ Yes ⊕ N
⊚ Yes ⊚ No Frequent Dia	3	s O No	Leukemia	⊕ Yes ⊕ No	Stomach/Intestinal Disease	⊕ Yes ⊕ N
○ Yes ○ No Frequent Hea		s No	Liver Disease	⊕ Yes ⊕ No	Stroke	⊕ Yes ⊕ N
		s O No	Low Blood Pressure	O Yes O No	Swelling of Limbs	O Yes O N
		s No	Lung Disease	⊕ Yes ⊕ No	Thyroid Disease	⊕ Yes ⊕ N
		s O No	Mitral Valve Prolapse	⊕ Yes ⊕ No	Tonsillitis	O Yes O N
⊕ Yes ⊕ No Hay Fever		s No	Osteoporosis	⊕ Yes ⊕ No	Tuberculosis	O Yes O N
Yes No Heart Attack/		s No	Pain in Jaw Joints	⊕ Yes ⊕ No	Tumors or Growths	⊕ Yes ⊕ N
rs O Yes O No Heart Murmu		s O No		⊕ Yes ⊕ No	Ulcers	⊚ Yes ⊚ N
	Jilo.	s () No	Parathyroid Disease Psychiatric Care	⊕ Yes ⊕ No	Venereal Disease Yellow Jaundice	 Yes N Yes N
serious illness not listed	⊘ Yes ⊘ No	If yes	s			
serious illness not listed	0) Yes @ No) Yes ⊚ No If ye	Yes ⊚ No If yes	Yes ⊚ No If yes	