## Valley Grace Dental **Eaglesoft Medical History**Birth Date:

Patient Name:

Date Created:

najor operation?  njury?  gs?  or Redux?  onel or any other	Yes No	If yes	Codeine		u may have, or medication that	you may be ta
najor operation?  njury?  gs?  or Redux?  onel or any other  Penicillin  Latex	Yes No	If yes If yes If yes If yes If yes	Codeine	_ Taking oral o	:ontraceptives?	
pjury? gs? or Redux? onel or any other  Penicillin Latex	Yes No	If yes If yes If yes If yes	Codeine	Taking oral o	:ontraceptives?	
gs? or Redux? onel or any other  Penicillin Latex	Yes No	If yes If yes If yes	Codeine	Taking oral o	:ontraceptives?	
or Redux? onel or any other  Penicillin Latex	Yes No Yes No Yes No Yes No Yes No Yes No	If yes	Codeine	Taking oral o	:ontraceptives?	
Penicillin	Yes No Yes No Yes No Yes No Yes No	If yes	Codeine	_ Taking oral o	:ontraceptives?	
Penicillin	Yes No Yes No Yes No Yes No Yes No		Codeine	_ Taking oral o	:ontraceptives?	
Penicillin Latex	Yes No Yes No Yes No		Codeine	□ Taking oral o	:ontraceptives?	
Penicillin Latex	Yes No Yes No	If yes	Codeine	□ Taking oral o	:ontraceptives?	
Penicillin Latex	Yes No	If yes	Codeine	□ Taking oral o	:ontraceptives?	
Penicillin Latex	Nursing?	If yes	Codeine	Taking oral o	contraceptives?	
Penicillin Latex			Codeine	Taking oral	contraceptives?	
Penicillin Latex			Codeine	□ Taking oral	contraceptives?	
Latex			Codeine			
Latex			Codeine			
	7		_		Acrylic Acrylic	
22	7		Sulfa Drugs		Local Anesthetics	
22		If yes				
		- ST 18				
lo Cortisone Medicine	O Yes	○ No	Hemophilia	Yes No	Radiation Treatments	O Yes O N
lo Diabetes	O Yes		Hepatitis A	Yes No	Recent Weight Loss	O Yes O N
lo Drug Addiction	_	_	Hepatitis B or C	Yes No	Renal Dialysis	O Yes O N
lo Easily Winded	O Yes	O No	Herpes	Yes No	Rheumatic Fever	Yes N
lo Emphysema	O Yes	O No	High Blood Pressure	Yes No	Rheumatism	Yes N
lo Epilepsy or Seizures	S Yes	O No	High Cholesterol	Yes No	Scarlet Fever	Yes N
lo Excessive Bleeding	O Yes	O No	Hives or Rash	Yes No	Shingles	Yes N
lo Excessive Thirst	O Yes	O No	Hypoglycemia	Yes No	Sickle Cell Disease	O Yes O N
lo Fainting Spells/Dizzi	iness 🔘 Yes	O No	Irregular Heartbeat	Yes No	Sinus Trouble	Yes N
lo Frequent Cough	O Yes	O No	Kidney Problems	Yes No	Spina Bifida	Yes N
lo Frequent Diarrhea	O Yes	O No	Leukemia	Yes No	Stomach/Intestinal Disease	Yes N
lo Frequent Headache	es 🔘 Yes	O No	Liver Disease	Yes No	Stroke	Yes N
lo Genital Herpes	O Yes	O No	Low Blood Pressure	Yes No	Swelling of Limbs	Yes N
lo Glaucoma	O Yes	O No	Lung Disease	Yes No	Thyroid Disease	O Yes O N
lo Hay Fever	O Yes	O No	Mitral Valve Prolapse	Yes No	Tonsillitis	O Yes O N
lo Heart Attack/Failur	e 🔘 Yes	O No	Osteoporosis	Yes No	Tuberculosis	O Yes O N
lo Heart Murmur	O Yes	O No	Pain in Jaw Joints	Yes No	Tumors or Growths	O Yes O N
lo Heart Pacemaker	O Yes	O No	Parathyroid Disease	Yes No	Ulcers	Yes N
lo Heart Trouble/Disea	ase 🔘 Yes	O No	Psychiatric Care	Yes No	Venereal Disease	Yes N
<b>I</b>					Valla 1a	
					Yellow Jaundice	Yes N
sted above?	Yes () No	If yes			reliow Jaundice	O Yes O N
	No Easily Winded No Emphysema No Epilepsy or Seizure: No Excessive Bleeding Excessive Thirst No Fainting Spells/Dizz No Frequent Cough Frequent Diarrhea Frequent Headache Genital Herpes No Genital Herpes No Glaucoma Hay Fever No Heart Attack/Failur No Heart Murmur Heart Pacemaker	Rio Easily Winded Yes Rio Emphysema Yes Rio Epilepsy or Seizures Yes Rio Excessive Bleeding Yes Rio Excessive Thirst Yes Rio Fainting Spells/Dizziness Yes Rio Frequent Cough Yes Rio Frequent Diarrhea Yes Rio Genital Herpes Yes Rio Glaucoma Yes Rio Hay Fever Yes Rio Heart Attack/Failure Yes Rio Heart Murmur Yes Rio Heart Pacemaker Yes	Easily Winded	Easily Winded	Easily Winded	Easily Winded