X

Eaglesoft Medical History Birth Date:

Patient Name:

Date Created:

Date:____

Are you under a physician's care now?			O Yes O No			25			
Have you ever been hos	O Yes	No No	If ye	25					
operation? Have you ever had a ser	○ Yes ○ No		If yes	es					
Are you taking any med			If ye	es					
Do you take, or have yo									
			If ye						
Have you ever taken For any other medications of		O Yes) No	If ye	es [elicione e e e e e e e e e e e e e e e e e e			
Are you on a special die		O Yes (No (
Do you use tobacco?	O Yes	No.							
Vomen: Are you									
Pregnant/Trying to get pregnant?			Nursing?			☐ Taking oral contraceptives?			
re you allergic to any of t	he following?								
Aspirin Penicillin			n			Codeine		Acrylic	
Metal		Latex				Sulfa Drugs		Local Anesthetics	
Do you use controlled substances?			Yes No		If ye	es			
Other?				If ye			<u> </u>		
		E-II							
Oo you have, or have you AIDS/HIV Positive	Yes No	Cortisone Med	icino	O Yes	○ No	Hemophilia		Radiation Treatments	Yes No
Alzheimer's Disease	○ Yes ○ No	Diabetes	icine	○ Yes		Hepatitis A	○ Yes ○ No	Recent Weight Loss	○ Yes ○ No
Anaphylaxis	○ Yes ○ No	Drug Addiction		○ Yes	2000	Hepatitis B or C	○ Yes ○ No	Renal Dialysis	○ Yes ○ No
Anemia	○ Yes ○ No	The state of the s		O Yes			O Yes O No	Rheumatic Fever	○ Yes ○ No
Angina	○ Yes ○ No	Action of the William State of the State of		O Yes		Herpes High Blood Pressure	○ Yes ○ No	Rheumatism	○ Yes ○ No
Arthritis/Gout	○ Yes ○ No	The state of the s		O Yes		THE R. P. LEWIS CO., LANSING MICH. S. LEWIS CO., LANSING M	○ Yes ○ No	Scarlet Fever	○ Yes ○ No
Artificial Heart Valve	○ Yes ○ No	Epilepsy or Se		O Yes		High Cholesterol Hives or Rash	O Yes O No	CONTRACTOR OF STREET	○ Yes ○ No
Artificial Joint	○ Yes ○ No	Excessive Blee		O Yes	100	A STATE OF THE STA	O Yes O No	Shingles Sickle Cell Disease	○ Yes ○ No
Asthma	O Yes O No	Fainting Spells/				Hypoglycemia	○ Yes ○ No	The Residence of the Control of the	○ Yes ○ No
Blood Disease	○ Yes ○ No			O Yes		Irregular Heartbeat	○ Yes ○ No	Sinus Trouble	
THE STATE OF THE PERSON NAMED IN COLUMN NAMED	The second secon	Frequent Coug				Kidney Problems		Spina Bifida	O Yes O No
Blood Transfusion	○ Yes ○ No	Frequent Diam		O Yes		Leukemia	○ Yes ○ No	Stomach/Intestinal Disease	○ Yes ○ No
Breathing Problems	○ Yes ○ No	Frequent Head		○ Yes		Liver Disease	Yes No No	Stroke	O Yes O No
Bruise Easily	○ Yes ○ No	Genital Herpes		Yes N		Low Blood Pressure	○ Yes ○ No	Swelling of Limbs	O Yes O No
Cancer	○ Yes ○ No	Glaucoma		Yes		Lung Disease	Yes No	Thyroid Disease	O Yes O No
Chemotherapy	○ Yes ○ No	Hay Fever		O Yes		Mitral Valve Prolapse		Tonsillitis	O Yes O No
Chest Pains				O Yes		Osteoporosis	Yes No	Tuberculosis	O Yes O No
Cold Sores/Fever Blisters O Yes O No Heart Murr				O Yes	22	Pain in Jaw Joints	Yes No	Tumors or Growths	O Yes O No
Congenital Heart Disorder		Heart Pacema		O Yes		Parathyroid Disease	Yes No	Ulcers	O Yes O No
Convulsions	○ Yes ○ No	Heart Trouble	Disease	Yes	No No	Psychiatric Care	Yes No	Venereal Disease	○ Yes ○ No
Yellow Jaundice	O Yes O No								
Have you ever had any	serious illness r	not listed	O Yes	No No	If ye	25			
Comments:									
Yellow Jaundice Have you ever had any s Comments:		not listed) No	If ye	25			