Noblet Family Dental Eaglesoft Medical History(Copy)(Copy)

Patient Name:

Birth Date:

Date Created:

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ng?									
	Penicillin			Codeine			Acrylic		
	Latex			Sulfa Drugs			Local Anesthetics		
			If yes						
of the follow	vina?								
	Cortisone Mediane	○ Yes	○ No	Hemophilia	○ Yes	○ No	Radiation Treatments	○ Yes	O No
es ONo	Diabetes	○Yes	○No	Hepatitis A	○ Yes	○ No	Sleep Apnea Snooring	○ Yes	O No
es ONo	Drug Addiction	○Yes	○ No	Hepatitis B or C	○ Yes	○No	Renal Dialysis	○ Yes	O No
es ONo	Easily Winded	○Yes	○No	Herpes	○ Yes	○No	Rheumatic Fever	○ Yes	O No
es ONo	Emphysema	○ Yes	○ No	High Blood Pressure	○ Yes	○ No	Rheumatism	○ Yes	O No
es ONo	Epilepsy or Seizures	○ Yes	○ No	High Cholesterol	○ Yes	O No	Scarlet Fever	○ Yes	O No
es ONo	Excessive Bleeding	○ Yes	○ No	Hives or Rash	○ Yes	○No	Shingles	○ Yes	ON
es O No	Dry Mouth	○ Yes	○ No	Hypoglycemia	○ Yes	ON₀	Sickle Cell Disease	○ Yes	ON
es O No	Fainting Spells/Dizzine	ss O Yes	○ No	Irregular Heartbeat	○ Yes	○ No	Sinus Trouble	○ Yes	O No
es ONo	Frequent Cough	○Yes	○No	Kidney Problems	○ Yes	○ No	Spina Bifida	○ Yes	O No
es ONo	Frequent Diarrhea	○Yes	○ No	Leukemia	○ Yes	○No	Stomach/Intestinal Disease	○ Yes	O No
es ONo	Frequent Headaches	○ Yes	ON₀	Liver Disease	○ Yes	○No	Stroke	○ Yes	○ No
es ONo	Genital Herpes	○ Yes	○ No	Low Blood Pressure	○ Yes	O No	Swelling of Limbs	○ Yes	○ No
	Glaucoma	○ Yes	○ No	Lung Disease	○ Yes	O No	Thyroid Disease	○ Yes	ON
V 1 (12 SANC)	Hay Fever			Mitral Valve Prolapse			Eating Disorder	○ Yes	O No
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