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Schultz Family Dental Of Park Ridge Eaglesoft Medical History Birth Date:

Date 9/29/2015

Date:_

Patient Name:

Date Created:

Pregnant/Trying to get pregnant? Are you allergic to any of the following? Aspirin Metal Penicillin Latex Sulfa Drugs Codeine Acrylic Local Anesthetics Codeine Sulfa Drugs Codeine Acrylic Local Anesthetics Codeine Sulfa Drugs Codeine Acrylic Local Anesthetics Codeine Acrylic Local Anesthetics Codeine Sulfa Drugs Codeine Acrylic Local Anesthetics Local Anesthetics Acrylic Local	Are you under a physicia	an's care now?	Yes	○ No	If yes				
Are you taking any medications, pills, or drugs? Are you taking any medications, pills, or drugs? Yes No If yes Do you taking any medications, pills, or drugs? Yes No If yes Do you taking any medications, pills, or drugs? Yes No If yes Yes	Have you ever been hospitalized or had a major								
Are you taking any medications, pills, or drugs? Ob you take, or have you taken, Phen-Fen or Redux? Yes No If yes Have you ever taken Fosamax, Bonnva, Actorel or any other medications containing bisphosphonates? Are you on a special diet? Ob you use tobacco? Women: Are you Pregnant/Trying to get pregnant? Nursing? Taking oral contraceptives? We you alergic to any of the following? Aspirin Metal Latex Sulfa Drugs Todaing oral contraceptives? We you alergic to any of the following? Aspirin Metal Latex Sulfa Drugs Todaing oral contraceptives? We so No If yes Do you use controlled substances? Yes No If yes Do you have, or have you had, any of the following? Alzheimer's Disease Yes No Diabetes Yes No Diabetes Yes No Diabetes Yes No Araphyloxas Yes No Diabetes Yes No Araphyloxas Yes No Easily Winded Yes No Easily Prequent Leadaches Yes No Breatting Problems Yes No General Headaches Yes No Concental Heart Dover Yes No Heart Trouble/Disease Yes No Concental Heart Dover Yes No Heart Turouble/Disease Yes No If yes Todaing oral contraceptives? Totaling oral contr		rious head or n	erk injury? @ Yes	No No	If voc				
Do you take, or have you taken, Phen-Fen or Redux?			-		If yes				
Have you ever taken Fosamax, Bonava, Actonel or any other mediccitions containing bisphosphonates? Are you on a special diet? Do you use tobacco? Ves No Vomen: Are you Pregnant/Trying to get pregnant? Aspirin Metal Latex If ves Codeine Sulfa Drugs If ves Codei									
any other medications containing bisphosphonates? Are you on a special diet? Yes No Codeine Acrylic Acrylic Acrylic Metal Latex Sulfa Drugs Tif vas Do you use controlled substances? Yes No If yes Do you use controlled substances? Yes No Albeimer's Disease Yes No Anaphylavis Yes No Anaphylavis Yes No Anaphylavis Yes No Anaphylavis Yes No Angina Yes No Emphysema Yes No Arthridical Joint Arthridical Yes No Arthridical Joint Arthridical Yes No Arthridical Substances Yes No Arthridical Yes No Arthridical Substances Yes No Emphysema Yes No Emphysema Yes No Arthridical Heart Valve Yes No Arthridical Substances Yes No Arthridical Substances Yes No Blood Transfusion Yes No Arthridical Substances Yes No Arthridical Fewer Yes No Arthridical Substances Yes No Arthridical Heart Valve Yes No Arthridical Substances Yes No Arthridical Substances	Do you take, or have you	u taken, Phen-F	en or Redux? Yes	(No	If yes				
Are you on a special diel? Yes No Taking oral contraceptives? Taking oral			The state of the s	○ No	If yes				
Pregnant/Trying to get pregnant?				() No					
Pregnant/Trying to get pregnant?	Do you use tobacco?		Yes	No					
Pregnant/Trying to get pregnant? Nursing?									
Acrylic Sulfa Drugs	presents						(m)		
Aspirin	Pregnant/Trying to g	et pregnant?	Nursi	ng?			Taking or	al contraceptives?	
Metal	are you allergic to any of t	he following?							
Do you use controlled substances? Yes No If yes	Aspirin							Acrylic	
Do you use controlled substances? Yes No If yes	Metal		Latex			Sulfa Drugs		Local Anesthetics	
Do you use controlled substances? Yes No If yes	Other?				If voc				
ADS/HIV Positive		ula material and a constant of the constant of	becerry	₩ N-					
AIDS/HIV Positive	Do you use controlled st	ibstances?	(7) Yes	○ NO	If yes				
Alzheimer's Disease Yes No Anaphylaxis Yes No Diabetes Yes No Anaphylaxis Yes No High Cholesterol Yes No High Blood Pressure Yes No High Cholesterol Yes No High Cholester	o you have, or have you	had, any of the	following?						
Anaphylaxis	AIDS/HIV Positive		Cortisone Medicine					ACT STANDARD COLD STANDARD STANDARD STANDARD AND AND AND AND AND AND AND AND AND AN	Yes Ne
Anemia Yes No Easily Winded Yes No Emphysema Yes No High Blood Pressure Yes No Rheumatism Yes No Artificial Heart Valve Yes No Excessive Bleeding Yes No High Cholesterol Yes No Scarlet Fever Yes No Artificial Joint Yes No Excessive Bleeding Yes No Hives or Rash Yes No Shingles Yes No Shingles Yes No Hives or Rash Yes No Leukemia Yes No Houte Heart Disease Yes No Hives or Rash Yes No Leukemia Yes No Hives or Ras	Alzheimer's Disease							-	Yes N
Angina	Anaphylaxis					The state of the s		Renal Dialysis	
Arthritis/Gout	Anemia		*					Rheumatic Fever	
Artificial Heart Valve Yes No Excessive Bleeding Yes No Artificial Joint Yes No Excessive Thirst Yes No Indicate Yes N	Angina								N
Artificial Joint	Arthritis/Gout					High Cholesterol			
Asthma	Artificial Heart Valve	Yes No	Excessive Bleeding	Yes	No	Hives or Rash		Shingles	Yes
Blood Disease	Artificial Joint		Excessive Thirst			Hypoglycemia		Sickle Cell Disease	Yes N
Blood Transfusion	Asthma		Fainting Spells/Dizzines			Irregular Heartbeat			
Breathing Problems	Blood Disease		Frequent Cough	Yes	No	Kidney Problems			
Bruise Easily	Blood Transfusion	Yes No	Frequent Diarrhea	Yes	No	Leukemia	Yes No	Stomach/Intestinal Disease	Yes No
Cancer	Breathing Problems					Transfer and the Control of the Cont		Present resultant	O Yes O No
Chemotherapy	Bruise Easily	Nes No	Genital Herpes	Yes	⊕ No	Low Blood Pressure	Yes No	Swelling of Limbs	O Yes O No
Chest Pains	Cancer	Yes No	Glaucoma	Yes	() No	Lung Disease	Yes No	Thyroid Disease	O Yes O No
Cold Sores/Fever Blisters Yes No Congenital Heart Disorder Yes No Heart Trouble/Disease Yes No Heart Trouble/Disease Yes No Heart Trouble/Disease Yes No Have you ever had any serious illness not listed Yes No If yes	Chemotherapy	Yes No	Hay Fever	Yes	No	Mitral Valve Prolapse	Nes No	Tonsillitis	O Yes O N
Congenital Heart Disorder Yes No Convulsions Yes No Heart Trouble/Disease Yes No Parathyroid Disease Yes No Venereal Disease Yes No Heart Trouble/Disease Yes No	Chest Pains	Yes No	Heart Attack/Failure	Yes	No	Osteoporosis	Yes No	Tuberculosis	O Yes O No
Convulsions	Cold Sores/Fever Blisters	Nes No	Heart Murmur	Yes	No	Pain in Jaw Joints	Yes No	Tumors or Growths	Yes
Yellow Jaundice	Congenital Heart Disorder	Yes No	Heart Pacemaker	Yes	No	Parathyroid Disease	Yes No	Ulcers	Yes
	Convulsions		Heart Trouble/Diseas	e 💮 Yes	No	Psychiatric Care	Yes No	A CONTRACTOR OF THE PARTY OF TH	Yes No
	Have you ever had any s	erious illness n	ot listed 🔗 Yes	€ Nα	If vac				
Comments:			J. 1305		2. 703	Lineari residenti di si di			
		serious niness n	or instead	V 110	и уез				

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the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my () the best of my knowled	ige, the questio	ns on this form have bee nform the dental office (in accurati	ely answ	ereu. I unuerstand that f	Noviorig ricorrec	canoniación can de dang	erous to my (t