Cherry _Williams DDS Eaglesoft Medical History

Patient Name:

Birth Date:

Date Created:

Date:____

Pregnant/Trying to get p	s head or no ions, pills, o ken, Phen-F nax, Boniva, aining bispho	eck injury? Yes r drugs? Yes en or Redux? Yes Actonel or Yes	No No No No No	If yes If yes If yes If yes If yes				
Have you ever had a serious Are you taking any medicati Do you take, or have you tal Have you ever taken Fosam any other medications conta Are you on a special diet? Do you use tobacco? Vomen: Are you Pregnant/Trying to get poses are you allergic to any of the form	ions, pills, o ken, Phen-F nax, Boniva, aining bispho	r drugs? Yes en or Redux? Yes Actonel or Yes osphonates?	No No No	If yes				
Do you take, or have you tal Have you ever taken Fosam any other medications conta Are you on a special diet? Do you use tobacco? //omen: Are you Pregnant/Trying to get poses re you allergic to any of the form	ken, Phen-F nax, Boniva, aining bispho	en or Redux? Yes Actonel or Yes osphonates?	O No O No	If yes				
Have you ever taken Fosam any other medications conta Are you on a special diet? Do you use tobacco? Vomen: Are you Pregnant/Trying to get pure you allergic to any of the form Aspirin	ax, Boniva, aining bispho	Actonel or Yes osphonates?	○ No					
Have you ever taken Fosam any other medications conta Are you on a special diet? Do you use tobacco? Women: Are you Pregnant/Trying to get pute you allergic to any of the form Aspirin	ax, Boniva, aining bispho	Actonel or Yes osphonates?	○ No					
any other medications conta Are you on a special diet? Do you use tobacco? Vomen: Are you Pregnant/Trying to get poster you allergic to any of the form Aspirin	aining bispho	osphonates?	○ No	ır yes				
Do you use tobacco? Vomen: Are you Pregnant/Trying to get pare you allergic to any of the factors.	regnant?	_	1055					
Nomen: Are you Pregnant/Trying to get power of the factor and allergic to any of the factor and a spirin	regnant?	() Yes	O No					14
Are you allergic to any of the f	regnant?							
Pregnant/Trying to get poor property of the form allergic to any of the form Aspirin	regnant?		***************************************					
Aspirin		Nursir	ıg?		Taking oral contraceptives?			
Aspirin	following?							
Metal		Penicillin			Codeine		Acrylic	
Land Friction		Latex			Sulfa Drugs		Local Anesthetics	
Other?		. п		If yes				
Do you use controlled substa	ances?	O Yes	_	If yes				
o you have, or have you had,	. any of the	following?						
	Yes O No	Cortisone Medicine	O Yes	No	Hemophilia	O Yes O No	Radiation Treatments	O Yes O No
Alzheimer's Disease	Yes () No	Diabetes	O Yes	No	Hepatitis A	O Yes O No	Recent Weight Loss	Yes No
	Yes O No	Drug Addiction	○ Yes ○	No	Hepatitis B or C	O Yes O No	Renal Dialysis	O Yes O No
	Yes (No	Easily Winded	○ Yes ○	CHARLE C	Herpes	O Yes O No	Rheumatic Fever	O Yes O No
	Yes () No	Emphysema	O Yes	THE PARTY OF THE P	High Blood Pressure	O Yes O No	Rheumatism	O Yes O No
	Yes O No		O Yes O	230000		O Yes O No	1	O Yes O No
	Yes O No	Epilepsy or Seizures	O Yes O	10000	High Cholesterol	O Yes O No	Scarlet Fever	The second second
TOTAL CONTRACTOR OF THE PARTY O		Excessive Bleeding	Control of the Contro	15/65	Hives or Rash		Shingles	O Yes O No
	Yes No	Excessive Thirst	O Yes O		Hypoglycemia	O Yes O No	Sickle Cell Disease	O Yes O No
r scanna	Yes O No	Fainting Spells/Dizzines			Irregular Heartbeat	O Yes O No	Sinus Trouble	O Yes O No
12172777777	Yes No	Frequent Cough	O Yes		Kidney Problems	O Yes O No	Spina Bifida	O Yes O No
Divide II all Divide II	Yes O No	Frequent Diarrhea	O Yes		Leukemia	O Yes O No	Stomach/Intestinal Disease	O Yes O No
	Yes No	Frequent Headaches	O Yes O	Total Control	Liver Disease	O Yes O No	Stroke	Yes No
	Yes No	Genital Herpes	O Yes	10000	Low Blood Pressure	O Yes O No	Swelling of Limbs	Yes No
Cancer	Yes O No	Glaucoma	O Yes	No No	Lung Disease	O Yes O No	Thyroid Disease	O Yes O No
Chemotherapy	Yes O No	Hay Fever	O Yes	No No	Mitral Valve Prolapse	O Yes O No	Tonsillitis	Yes No
Chest Pains	Yes O No	Heart Attack/Failure	O Yes O	No No	Osteoporosis	O Yes O No	Tuberculosis	O Yes O No
Cold Sores/Fever Blisters ()	Yes 🔘 No	Heart Murmur	O Yes O	No	Pain in Jaw Joints	O Yes O No	Tumors or Growths	O Yes O No
Congenital Heart Disorder	Yes () No	Heart Pacemaker	O Yes O	No	Parathyroid Disease	O Yes O No	Ulcers	Yes No
Convulsions	Yes () No	Heart Trouble/Disease	e () Yes ()	No No	Psychiatric Care	O Yes O No	Venereal Disease	O Yes O No
							Yellow Jaundice	O Yes O No
Have you ever had any serio	ous illness n	ot listed O Yes	○ No	If yes				
Comments:								