Schmidt Family Dentistry, Inc. Eaglesoft Medical History

Birth Date:

Date Created:

Date:_____

Patient Name:

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		Yes (No	If ye	25					*********
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Do you use controlled substances?		Yes ONo	If ye	S					All Walls to the All All All All All All All All All Al
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	Penicillin			☐ Codeine		_	Acrylic		
	Latex			Sulfa Drugs					
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of the follow	uing?								
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es ONo	Drug Addiction		-		_		_	○ Yes	
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5 (140	riedi (Trouble/Disease	○Yes	ON₀	Psychiatric Care	○Yes ○1	4o Ve	nereal Disease	○ Yes	C
	oniva, Actor phases of the followers \(\rightarrow \text{No} \) No es \(\rightarrow \text{No} \)	oniva, Actonel or any other onates? Onates. On	oniva, Actonel or any other Orantes? Yes No Fenicillin Latex Of the following? Ses No Cortisone Medicine Yes Ses No Drug Addiction Yes Ses No Easily Winded Yes Ses No Excessive Bleeding Yes Ses No Excessive Bleeding Yes Ses No Excessive Thirst Yes Ses No Frequent Cough Yes Ses No Frequent Cough Yes Ses No Frequent Cough Yes Ses No Frequent Diarrhea Yes Ses No Frequent Headaches Yes Ses No Ganital Herpes Yes Ses No Ganital Herpes Yes Ses No Ganital Herpes Yes Ses No Hay Fever Yes Ses No Heart Attack/Failure Yes Ses No Heart Murmur Yes No Heart Murmur Yes	oniva, Actonel or any other	onliva, Actonel or any other		Oniversity Oni	oniva, Actonel or any other	oniva, Actonel or any other or any other onates? Yes No Yes No Yes No Yes No If yes