## PATIENT HEALTH RECORD

Date

Welcome to our office. We will do our best to make your appointments as convenient and pleasant as possible. If at any time you have any questions regarding your treatment, your appointment, or fees, please feel free to ask. This acquaintance form will help us serve you better.

Name				ecurity #		
Name(Last)	(First)	(Middle)		-		
Street Address		City		_State/Zip	_Phone #	
Mailing Address		City		_State/Zip	_Cell #	
Employer				_Occupation		
Business Address		City		_State/Zip	_Phone #	
Date of Birth	Gender M / F	_Height	_Weight	_Referred by		
Marital Status (check) Single	Married	Widowed	Divorced			
Spouse's Name		_Date of Birth		_Social Security #	<u>.</u>	
Spouse Employed by				_Address		
Type of Dental Insurance (If applic		Policy #				

## DENTAL HEALTH

 

 Reason for visit
 When was your last dental visit?

 Yes
 No
 Have you ever had any serious problem associated with previous dental treatment? If Yes, explain:

 Yes
 No
 Is there any condition you feel your dentist should know about before undertaking treatment? Please Describe

 Yes
 No
 Do you clench or grind your jaws while sleeping or during the day?

 Yes
 No
 Have you ever had a reaction to a dental injection?

 Yes
 No
 Do your gums feel tender or swollen?

 Yes
 No
 Do your jaws ever feel tired?

 Yes
 No
 Do you smoke or use smokeless tobacco?

 Yes
 No
 Do you have difficulty swallowing?

 Yes
 No
 Have you noticed a change in the way your voice sounds?

 Yes
 No
 Do you have any swelling in your jaw or neck?

All professional fees are due when services are rendered. If you are covered by a dental insurance plan, your percentage of fees and deductible must be paid at time of service.

Patient's Signature:

Time	

Whittle \_Gay LLP

Patient Name:

Eaglesoft Medical History(Custom)(3) Birth Date:

Date Created:

Date 1/14/2022

kre you under a physician'	s care now	R		() Yes	() No	If yes						
ave you ever been hospit	alized or h	nad a maj	jor operation?	() Yes	() No	If yes						
ave you ever had a serio	us head oi	r neck inj	jury?	() Yes	() No	If yes						
o you take, or have you t	aken, Phei	n-Fen or	Redux?	() Yes	() No	If yes						
ave you ever taken Fosar edications containing bis			el or any other	() Yes	() No	If yes						
re you on a special diet?				() Yes	() No							
o you smoke or use smok	eless toba	acco?		() Yes	() No							
o you use controlled subs	stances?			() Yes	() No	If yes						
men: Are you												
Pregnant/Trying to get ;	pregnant?			Nursi	ng?			Tal	king oral	contraceptives?		
unu allarnic to any of it.	follow											
you allergic to any of the Aspirin	rollowing?		Penicillin				Codeine					
Metal			Latex				Sulfa Drugs					
re you currently taking an												
······	d, any of t	he follow	ing?									
AIDS/HIV Positive	() Yes	() No	Cortisone Medi	idne	() Yes	_	Hemophilia	() Yes	_	Radiation Treatments	() Yes	_
IDS/HIV Positive	() Yes () Yes		Cortisone Medi Diabetes	idne	OYes	() No	Hepatitis A	() Yes	O No	Recent Weight Loss	() Yes	0
AIDS/HIV Positive Alzheimer's Disease Anaphylaxis	○Yes ○Yes ○Yes	<ul> <li>○ No</li> <li>○ No</li> <li>○ No</li> </ul>	Cortisone Medi Diabetes Drug Addiction	idne	⊖ Yes ⊖ Yes		Hepatitis A Hepatitis B or C	⊖Yes ⊖Yes		Recent Weight Loss Renal Dialysis	⊖Yes ⊖Yes	0
AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia	O Yes O Yes O Yes O Yes	<ul> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> </ul>	Cortisone Medi Diabetes Drug Addiction Easily Winded	icine	<ul><li>○ Yes</li><li>○ Yes</li><li>○ Yes</li></ul>	<ul> <li>No</li> <li>No</li> <li>No</li> <li>No</li> </ul>	Hepatitis A Hepatitis B or C Herpes	○Yes ○Yes ○Yes		Recent WeightLoss Renal Dialysis Rheumatic Fever	O Yes O Yes O Yes	0000
AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina	<ul> <li>○ Yes</li> <li>○ Yes</li> <li>○ Yes</li> <li>○ Yes</li> <li>○ Yes</li> </ul>	<ul> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> </ul>	Cortisone Medi Diabetes Drug Addiction Easily Winded Emphysema		<ul> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> </ul>	<ul> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> </ul>	Hepatitis A Hepatitis B or C Herpes High Blood Pressure	<ul> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> </ul>	○ No ○ No ○ No ○ No	Recent WeightLoss Renal Dialysis Rheumatic Fever Rheumatism	<ul> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> </ul>	00000
AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout	<ul> <li>○ Yes</li> <li>○ Yes</li> <li>○ Yes</li> <li>○ Yes</li> <li>○ Yes</li> </ul>	<ul> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> </ul>	Cortisone Medi Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seiz	zures	<ul> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> </ul>	No No No No No	Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol	<ul> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> </ul>	No No No No No No	Recent WeightLoss Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever	<ul> <li>○ Yes</li> <li>○ Yes</li> <li>○ Yes</li> <li>○ Yes</li> <li>○ Yes</li> </ul>	00000
AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Arthritis/Gout	<ul> <li>○ Yes</li> </ul>	No No No No No No No	Cortisone Medi Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Sela Excessive Bleed	zures ding	<ul> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> </ul>	<ul> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> </ul>	Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash	<ul> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> </ul>	No No No No No No	Recent WeightLoss Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles	<ul> <li>○ Yes</li> <li>○ Yes</li> <li>○ Yes</li> <li>○ Yes</li> <li>○ Yes</li> <li>○ Yes</li> </ul>	0000000
AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial HeartValve Artificial Joint	<ul> <li>Yes</li> </ul>	<ul> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> </ul>	Cortisone Medi Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seiz Excessive Bleed Excessive Thirs	zures ding t	<ul> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> </ul>	No No No No No No No	Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Hypoglycemia	<ul> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> </ul>	<ul> <li>No</li> </ul>	Recent WeightLoss Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease	<ul> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> </ul>	00000000
NDS/HIV Positive Naphylaxis Anemia Angina Arthritis/Gout Arthritial HeartValve Artificial Joint	<ul> <li>Yes</li> </ul>	<ul> <li>No</li> </ul>	Cortisone Medi Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Sela Excessive Bleed	zures ding t /Dizziness	<ul> <li>Yes</li> </ul>	<ul> <li>No</li> </ul>	Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Hypoglycemia Irregular Heartbeat	<ul> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> </ul>	0 No 0 No 0 No 0 No 0 No 0 No 0 No 0 No	Recent WeightLoss Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble	<ul> <li>Yes</li> </ul>	000000000000000000000000000000000000000
AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma	<ul> <li>Yes</li> </ul>	<ul> <li>No</li> </ul>	Cortisone Medi Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seiz Excessive Bleed Excessive Thirst Fainting Spells/	zures ding t /Dizziness h	<ul> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> </ul>	<ul> <li>No</li> </ul>	Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Hypoglycemia	<ul> <li>Yes</li> </ul>		Recent WeightLoss Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease	<ul> <li>Yes</li> </ul>	000000000000
IDS/HIV Positive Izheimer's Disease Inaphylaxis Inemia Ingina Inthritis/Gout Intificial HeartValve Intificial Joint Ishma Idood Disease	<ul> <li>Yes</li> </ul>	<ul> <li>No</li> </ul>	Cortisone Medi Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seliz Excessive Bleed Excessive Thirs Fainting Spells/ Frequent Cougl	zures ding t /Dizziness h	<ul> <li>Yes</li> </ul>	<ul> <li>No</li> </ul>	Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems	<ul> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> </ul>	<ul> <li>No</li> </ul>	Recent WeightLoss Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida	<ul> <li>Yes</li> </ul>	0000000000000
IDS/HIV Positive Izheimer's Disease maphylaxis memia angina arthritis/Gout artificial Heart Valve artificial Joint sthma lood Disease lood Transfusion reathing Problems	<ul> <li>Yes</li> </ul>	<ul> <li>No</li> </ul>	Cortisone Medi Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seiz Excessive Bleed Excessive Thirs Fainting Spells/ Frequent Cougl Frequent Diarrh	zures ding t /Dizziness h	<ul> <li>Yes</li> </ul>	<ul> <li>No</li> </ul>	Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia	<ul> <li>Yes</li> </ul>	0 No 0 No 0 No 0 No 0 No 0 No 0 No 0 No	Recent WeightLoss Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Disease	<ul> <li>Yes</li> </ul>	00000000000000
IDS/HIV Positive Izheimer's Disease naphylaxis nemia ngina rthritis/Gout rtificial Heart Valve rtificial Joint sthma lood Disease lood Transfusion reathing Problems ruise Easily	<ul> <li>Yes</li> </ul>	<ul> <li>No</li> </ul>	Cortisone Medi Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seiz Excessive Bleec Excessive Bleec Excessive Thirs Fainting Spells; Frequent Cougl Frequent Diarrh Frequent Head	zures ding t /Dizziness h	<ul> <li>Yes</li> </ul>	<ul> <li>No</li> </ul>	Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease	<ul> <li>Yes</li> </ul>		Recent WeightLoss Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Disease	<ul> <li>Yes</li> </ul>	000000000000000
IDS/HIV Positive Izheimer's Disease naphylaxis nemia ngina rthritis/Gout rtificial HeartValve rtificial Joint sthma lood Disease lood Transfusion reathing Problems ruise Easily ancer	<ul> <li>Yes</li> </ul>	<ul> <li>No</li> </ul>	Cortisone Medi Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seliz Excessive Bleed Excessive Bleed Excessive Thirs Fainting Spells/ Frequent Cougl Frequent Diarrh Frequent Heada Genital Herpes	zures ding t /Dizziness h	<ul> <li>Yes</li> </ul>	<ul> <li>No</li> </ul>	Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease Low Blood Pressure	<ul> <li>Yes</li> </ul>		Recent WeightLoss Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Disease Stroke	<ul> <li>Yes</li> </ul>	000000000000000000000000000000000000000
IDS/HIV Positive Izheimer's Disease Imaphylaxis Imemia Ingina Inthritis/Gout Intificial Heart Valve Intificial Joint Ishma Idood Disease Idood Transfusion Ireathing Problems Iruise Easily Cancer Ishemotherapy	<ul> <li>Yes</li> </ul>	<ul> <li>No</li> </ul>	Cortisone Medi Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seiz Excessive Bleed Excessive Thirs Fainting Spells/ Frequent Cougl Frequent Diarrh Frequent Diarrh Frequent Head Genital Herpes Glaucoma	zures ding t /Dizziness h nea aches	<ul> <li>Yes</li> </ul>	No	Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease Low Blood Pressure Lung Disease	<ul> <li>Yes</li> </ul>		Recent WeightLoss Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Disease Stroke Swelling ofLimbs Thyroid Disease	<ul> <li>Yes</li> </ul>	000000000000000000000000000000000000000
AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Aloo d Disease Aloo d Disease Aloo d Transfusion Areathing Problems Aruise Easily Cancer Chemotherapy Chest Pains	<ul> <li>Yes</li> </ul>	<ul> <li>No</li> </ul>	Cortisone Medi Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seiz Excessive Bleed Excessive Bleed Excessive Thirs Fainting Spells/ Frequent Cough Frequent Diarrh Frequent Heads Genital Herpes Glaucoma Hay Fever	zures ding t /Dizziness h nea aches	<ul> <li>Yes</li> </ul>	No	Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease Low Blood Pressure Lung Disease Mitral Valve Prolapse	<ul> <li>Yes</li> </ul>	No	Recent WeightLoss Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Disease Stroke Swelling ofLimbs Thyroid Disease Tonsillitis	<ul> <li>Yes</li> </ul>	000000000000000000000000000000000000000
AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial HeartValve Artificial Joint Asthma Blood Disease Blood Transfusion Breathing Problems Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters	<ul> <li>Yes</li> </ul>	<ul> <li>No</li> </ul>	Cortisone Medi Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seliz Excessive Bleed Excessive Bleed Excessive Thirs Fainting Spells/ Frequent Cougl Frequent Diarrh Frequent Headd Genital Herpes Glaucoma Hay Fever Heart Attack/Fa	zures ding t /Dizziness h nea aches illure	<ul> <li>Yes</li> </ul>	No           No	Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease Low Blood Pressure Lung Disease Mitral Valve Prolapse Osteoporosis	<ul> <li>Yes</li> </ul>		Recent WeightLoss Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Disease Stroke Swelling of Limbs Thyroid Disease Tonsillitis	<ul> <li>Yes</li> </ul>	000000000000000000000000000000000000000
you have, or have you had AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease Blood Transfusion Breathing Problems Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions	<ul> <li>Yes</li> </ul>	<ul> <li>No</li> </ul>	Cortisone Medi Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seliz Excessive Bleed Excessive Thirs Fainting Spells/ Frequent Cougl Frequent Diarrh Frequent Diarrh Frequent Heada Genital Herpes Glaucoma Hay Fever Heart Attack/Fa Heart Murmur	zures ding t /Dizziness h nea aches silure er	<ul> <li>Yes</li> </ul>	No	Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease Low Blood Pressure Lung Disease Mitral Valve Prolapse Osteoporosis Jaw pain / grinding	<ul> <li>Yes</li> </ul>		Recent WeightLoss Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Disease Stroke Swelling ofLimbs Thyroid Disease Tonsillitis Tuberculosis Tumors or Growths	<ul> <li>Yes</li> </ul>	

To 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 (or patient's) health. It is my responsibility to inform the dental office of any changes in medical status.

Date:

Signature of Patient, Parent or Guardian:

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