Pynenberg Scheske, D.D.S., S.C. Eaglesoft Medical History

Patient Name:

Birth Date:

Date Created:

Although dental personnel pr	imarily treat the ar	ea in and around your mout	h, your mo	uth is a pa	rt of your entire body. Hea	alth problems that you	may have, or medication that	you may be takin
Are you under a physician's care now?			() No	If yes		NA ARTHUR PROPERTY SERVICE SER	2000 AND 101 CO X 1010 A 2 CONT COM COM COM C X 1 COM C COM C COM C COM C C C C C C C C C	
Have you ever been hospîta	or operation? O Yes	() No	If yes					
Have you ever had a serious head or neck injury?			() No	If yes				and the second s
Are you taking any medications, pills, or drugs?			() No	If yes			The state of the s	***************************************
Do you take, or have you to	Redux? () Yes	○ No	Ifyes					
Have you ever taken Fosan medications containing bisp	el or any other 🧷 Yes	⊕ No	Ifγes	THE REPORT OF THE PARTY AND TH		Care C C C C C C C C C C C C C C C C C C C		
Are you on a special diet?		() Yes	() No					
Do you use tobacco?	⊘ Yes	() No						
Do you use controlled subs	tances?	() Yes	() No	If yes	Consequent			and the second section of the second section is seen that the second section is set to second section in the section is set to section is set to section in the section is set to section in the section in the section is set to section in the section in the section is set to section in the section in the section is section in the section in the section in the section is section in the section in
Women: Are you								
Pregnant/Trying to get p	regnant?	Nursir	ıg?			Taking oral	contraceptives?	ans, angles have also strong through the set and the set
Are you allergic to any of the f	following?	ew part : Iba					romania de la companya del companya del companya de la companya de	and an included the Addition and Addition an
Aspirin		Penicillin	c	J	Codeine		Acrylic	
Metal	typpinissian of the a signific this accommodes by the accommodes.	☐ Latex		•	Sulfa Drugs		C Local Anasthetics	positional designation of the second
Other?	uyan kina man'u nin Amani dan nang disahihat kina ini daka manin	[7]		Ifyes		nacion acresia in tales a servica area in the externess area describer companyes esteres a service a service a Service de service a		
Do you have, or have you had	l, any of the followi	ing?				alenganianos waren livin arvente aperingune, inpetate emente manuaren entresa voa per tenno a kononea a vasa perine livindo	e a fina anticologica de gracia de considera de considera de de calenda de considera de considera de considera Calenda de considera de gracia de considera de considera de considera de considera de considera de considera d	and the second s
AIDS/HIV Positive		Cortisone Mediane	() Yes	() No	Hemophilia		Radiation Treatments	○ Yes ○ No
Alzheimer's Disease	O Yes O No	Diabetes	() Yes	() No	Hepatitis A	○Yes ○No	Recent WeightLoss	O Yes O No
Anaphylaxis	() Yes () No	Drug Addiction	() Yes	() No	Hepatitis B or C	○ Yes ○ No	Renal Dialysis	() Yes () No
Anemia	() Yes () No	Easily Winded	() Yes	() No	Herpes	O Yes O No	Rheumatic Fever	○ Yes ○ No
Angina	O Yes O No	Emphysema	() Yes	○ No	High Blood Pressure	○ Yes ○ No	Rheumatism	() Yes () No
Arthritis/Gout	O Yes O No	Epilepsy or Seizures	() Yes	○ No	High Cholesterol	① Yes ① No	Scarlet Fever	① Yes ① No
Artificial Heart Valve	() Yes () No	Excessive Bleeding	() Yes	○ No	Hives or Rash	○Yes ○No	Shingles	() Yes () No
Artificial Joint	O Yes O No	Excessive Thirst	() Yes	⊕ No	Hypoglycenia	① Yes ① No	Sickle Cell Disease	○ Yes ○ No
Asthma	○ Yes ○ No	Fainting Spells/Dizziness	() Yes	○ No	Irregular Heartbeat	O Yes O No	Sinus Trouble	○ Yes ○ No
Blood Disease	O Yes O No	Frequent Cough	() Yes	() No	Kidney Problems	○ Yes ○ No	Spina Bifida	() Yes () No
Blood Transfusion	○ Yes ○ No	Frequent Diarrhea	() Yes	() No	Leukemia	○ Yes ○ No	Stomach/Intestinal Disease	○ Yes ○ No
Breathing Problems	() Yes () No	Frequent Headaches		() No	Liver Disease	○ Yes ○ No	Stroke	○ Yes ○ No
Bruise Easily	(7) Yes (7) No	Genital Herpes	() Yes	⊘ No	Low Blood Pressure	O Yes O No	Swelling of Limbs	O Yes O No
Cancer		Glaucoma	() Yes	○ No	Lung Disease		Thyroid Disease	O Yes O No
Chemotherapy	() Yes () No	Hay Fever	() Yes	() No	Mitral Valve Prolapse	○ Yes ○ No	Tonsillitis	O Yes () No
Chest Pains	O Yes O No	Heart Attack/Failure	() Yes	() No	Osteoporosis	① Yes ① No	Tuberculosis	○ Yes ○ No
Cold Sores/Fever Blisters	🕜 Yes 🔘 No	Heart Murmur	() Yes	() No	Pain in Jaw Joints	① Yes ① No	Tumors or Growths	
Congenital Heart Disorder	() Yes () No	Heart Pacemaker	() Yes	○ No	Parathyroid Disease	O Yes O No	Ulcers	
Convulsions	() Yes () No	Heart Trouble/Disease	() Yes	() No	Psychiatric Care	() Yes () No	Venereal Disease Yellow Jaundice	
Have you ever had any seri	ous illness not list	ed above? O Yes	€3 Na	If yes			The second of th	
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Comments:		NAMES OF THE PROPERTY OF THE PARTY OF THE PA			A LANGUAGNA SAMA A RAMA COMM BOOK AND THE COMM WHITE COMM SAME	rates has principle as a basic hallowing that it substants to believe the basic to be a		
To the best of my knowledge, t responsibility to inform the den	the questions on thi tal office of any cha	is form have been accurate anges in medical status.	lγ answered	d. I under	stand that providing incorre	ect information can be	dangerous to my (or patient's)) health. It is my
Signature of Patient, Parent	or Guardian:	ogu kanunaa kalanda aana kanunaa aana ahka	4 ₄		# W		Anges en in na nama na mara na	non-dependent over the topol new
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