Richard D. Byler, DDS, FAGD

Eaglesoft Medical History(Copy)One to use(Copy)(Copy)

Patient Name: Birth Date: Date Created:

Referral Source

Who referred you to our office?

Are you under a physician's care now? ◯ Yes ◯ No If yes

Have you ever been hospitalized or had a major operation? ◯ Yes ◯ No If yes

Are you taking any medications, pills, or drugs? ◯ Yes ◯ No If yes

Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates? ◯ Yes ◯ No If yes

Do you use tobacco? ◯ Yes ◯ No

Women: Are you...

☐ Pregnant/Trying to get pregnant? ☐ Nursing? ☐ Taking oral contraceptives?

Are you allergic to any of the following?

☐ Aspirin ☐ Penicillin ☐ Codeine ☐ Acrylic

☐ Metal ☐ Latex ☐ Sulfa Drugs ☐ Local Anesthetics

☐ Ibuprofen

Do you have, or have you had, any of the following?

Alzheimers Diseaase ◯ Yes ◯ No	Anaphylaxis ◯ Yes ◯ No	Angina ◯ Yes ◯ No	Artificial Heart Valve ◯ Yes ◯ No
Artificial Joint ◯ Yes ◯ No	Asthma ◯ Yes ◯ No	Bleeding Problems ◯ Yes ◯ No	Breathing Problems ◯ Yes ◯ No
Cancer ◯ Yes ◯ No	Chemotherapy ◯ Yes ◯ No	Chest Pains ◯ Yes ◯ No	Convulsions ◯ Yes ◯ No
Diabetes ◯ Yes ◯ No	Drug Addiction ◯ Yes ◯ No	Epilepsy or Seizure ◯ Yes ◯ No	Fainting Spells/Dizziness ◯ Yes ◯ No
Heart Attack/Failure ◯ Yes ◯ No	Heart Murmur ◯ Yes ◯ No	Heart Trouble/Disease ◯ Yes ◯ No	Hepatitis B or C ◯ Yes ◯ No
High Blood Pressure ◯ Yes ◯ No	HIV/AIDS ◯ Yes ◯ No	Kidney Disease ◯ Yes ◯ No	Liver Disease ◯ Yes ◯ No
Lungs/COPD/Sleep Apnea ◯ Yes ◯ No	Osteoporosis ◯ Yes ◯ No	Pain in Jaw Joints ◯ Yes ◯ No	Psychiatric Care ◯ Yes ◯ No
Radiation Treatment ◯ Yes ◯ No	Stroke ◯ Yes ◯ No	Other ◯ Yes ◯ No	

Have you ever had any serious illness not listed above? ◯ Yes ◯ No If yes

Comments:

Signature