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10040 Woodland Rd.  
Lenexa, KS 66220

## Patient Portal Report

**Patient Name:**

**Preferred:**

**Email:**

**DOB:**

**Phone 1:**                      Mobile

**Phone 2:**    - -                Unknown

**Phone 3:**    - -                Unknown

**Address:**

**Address 2:**

**City:**

**State:**

**Zip:**

**Marital Status:** Unknown

**Spouse:**

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### Responsible Party:

### Billing Address

**Primary Care Physician:**

**Primary Care Phys. Phone:**    - -

**Address:**

**Address 2:**

**City:**

**State:**

**Zip:**

### Primary Insurance Information:

**Subscriber Name:**

**Subscriber Id:**

**Subscriber DOB:**

**Carrier:**

**Employer:**

**Group Id:**

### Secondary Insurance Information:

**Subscriber Name:**

**Subscriber Id:**

**Subscriber DOB:**

**Carrier:**

**Employer:**

**Group Id:**

### Medical Conditions

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> A-fib               | <input type="checkbox"/> Acid Reflux           | <input type="checkbox"/> Acne                      |
| <input type="checkbox"/> ADD                 | <input type="checkbox"/> ADHD                  | <input type="checkbox"/> AIDS                      |
| <input type="checkbox"/> ALS                 | <input type="checkbox"/> Alzheimer's           | <input type="checkbox"/> Anemia                    |
| <input type="checkbox"/> Angioedema          | <input type="checkbox"/> Anxiety Disorder      | <input type="checkbox"/> Appendectomy              |
| <input type="checkbox"/> Arrhythmia          | <input type="checkbox"/> Arthritis, Rheumatism | <input type="checkbox"/> Artificial Heart Valve(s) |
| <input type="checkbox"/> Artificial Joint(s) | <input type="checkbox"/> Asperger's syndrome   | <input type="checkbox"/> Asthma                    |
| <input type="checkbox"/> Autism              | <input type="checkbox"/> Autoimmune Disorder   | <input type="checkbox"/> Back Problems             |
| <input type="checkbox"/> Bell's Palsy        | <input type="checkbox"/> Bipolar               | <input type="checkbox"/> Blood Clots               |

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Blood Disorder         | <input type="checkbox"/> Blood Transfusion       | <input type="checkbox"/> Breast Cancer                      |
| <input type="checkbox"/> Bronchiectasis         | <input type="checkbox"/> Burning Mouth Syndrome  | <input type="checkbox"/> Cancer                             |
| <input type="checkbox"/> Celiac Disease         | <input type="checkbox"/> Cerebral Palsy          | <input type="checkbox"/> Chemical Dependency                |
| <input type="checkbox"/> Chemotherapy           | <input type="checkbox"/> Circulatory Problems    | <input type="checkbox"/> Cold Sores/Fever Blisters          |
| <input type="checkbox"/> Colitis                | <input type="checkbox"/> Colon Cancer            | <input type="checkbox"/> Congestive Heart Failure           |
| <input type="checkbox"/> COPD                   | <input type="checkbox"/> Coronary Artery Disease | <input type="checkbox"/> Crohn's disease                    |
| <input type="checkbox"/> Cystic Fibrosis        | <input type="checkbox"/> Dementia                | <input type="checkbox"/> Dental Anxiety                     |
| <input type="checkbox"/> Depression             | <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Diverticulitis                     |
| <input type="checkbox"/> Dizziness/Fainting     | <input type="checkbox"/> Down's Syndrome         | <input type="checkbox"/> Dry Mouth                          |
| <input type="checkbox"/> Dyslexia               | <input type="checkbox"/> Easily Winded           | <input type="checkbox"/> Eczema                             |
| <input type="checkbox"/> Epilepsy               | <input type="checkbox"/> Esophageal Cancer       | <input type="checkbox"/> Excessive Bleeding/Brusing         |
| <input type="checkbox"/> Fibromyalgia           | <input type="checkbox"/> Gastric Sleeve Surgery  | <input type="checkbox"/> GERD                               |
| <input type="checkbox"/> Glaucoma               | <input type="checkbox"/> Headaches               | <input type="checkbox"/> Heart Attack                       |
| <input type="checkbox"/> Heart Disease          | <input type="checkbox"/> Heart valve replacement | <input type="checkbox"/> Hepatitis B                        |
| <input type="checkbox"/> Hepatitis A            | <input type="checkbox"/> Hepatitis C             | <input type="checkbox"/> Herpes                             |
| <input type="checkbox"/> High Blood Pressure    | <input type="checkbox"/> High Cholesterol        | <input type="checkbox"/> HIV                                |
| <input type="checkbox"/> Hoshimoto's            | <input type="checkbox"/> IBS                     | <input type="checkbox"/> Kidney Disease                     |
| <input type="checkbox"/> Lung Disease           | <input type="checkbox"/> Lupus                   | <input type="checkbox"/> Lyme's disease                     |
| <input type="checkbox"/> Lymphoma               | <input type="checkbox"/> Meniere's Disease       | <input type="checkbox"/> Migraines                          |
| <input type="checkbox"/> Mitral Valve Prolapse  | <input type="checkbox"/> Multiple Sclerosis      | <input type="checkbox"/> NO EPI                             |
| <input type="checkbox"/> Non-Hodgkin's Lymphoma | <input type="checkbox"/> Osteoporosis            | <input type="checkbox"/> Pace Maker                         |
| <input type="checkbox"/> Parkinson's Disease    | <input type="checkbox"/> PCOS                    | <input type="checkbox"/> Plantar Fasciitis                  |
| <input type="checkbox"/> Pregnant               | <input type="checkbox"/> Psychiatric Care        | <input type="checkbox"/> Raynaud's Syndrome                 |
| <input type="checkbox"/> Rheumatic Fever        | <input type="checkbox"/> Schizophrenia           | <input type="checkbox"/> Seasonal Allergies                 |
| <input type="checkbox"/> Seizures               | <input type="checkbox"/> Shortness of Breath     | <input type="checkbox"/> Sjogren's Disease                  |
| <input type="checkbox"/> Sleep Apnea            | <input type="checkbox"/> Special Diet            | <input type="checkbox"/> Special Needs/Mentally Handicapped |
| <input type="checkbox"/> Stroke                 | <input type="checkbox"/> Tachycardia             | <input type="checkbox"/> Thyroid Cancer                     |
| <input type="checkbox"/> Thyroid Problems       | <input type="checkbox"/> TMJ issues              | <input type="checkbox"/> Tobacco Use                        |
| <input type="checkbox"/> Tonsilectomy           | <input type="checkbox"/> Tonsillitis             | <input type="checkbox"/> Tumor/Growth                       |
| <input type="checkbox"/> Vertigo                |  |   |

### **Additional Medical Conditions**

### **Allergies**

- |   |                                      |                                      |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Nickel Allergy             | <input type="checkbox"/> Acrylic     | <input type="checkbox"/> Amoxicillin |
| <input type="checkbox"/> Artifical Cherry flavoring | <input type="checkbox"/> Aspirin     | <input type="checkbox"/> Augmentin   |
| <input type="checkbox"/> Azithromycin               | <input type="checkbox"/> Bactrim     | <input type="checkbox"/> Benzocaine  |
| <input type="checkbox"/> Cephalexin                 | <input type="checkbox"/> Clindamycin | <input type="checkbox"/> Codeine     |

- Dental Anesthetics
- Latex
- Nuts

- Epinephrine Sensitive
- Metals (nickel, mercury, etc.)
- Penicillin

- Gluten (Celiac)
- NSAIDS
- Sodium Lauryl Sulfate

### **Additional Allergies**

### **Current Medications**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Aspirin               | <input type="checkbox"/> Zyrtec                            | <input type="checkbox"/> 100mg spiro lactin    |
| <input type="checkbox"/> 81 mg aspirin         | <input type="checkbox"/> Actonel                           | <input type="checkbox"/> Acyclovir             |
| <input type="checkbox"/> Adderall              | <input type="checkbox"/> Adderall XR                       | <input type="checkbox"/> Advair                |
| <input type="checkbox"/> Advil(Ibuprofen)      | <input type="checkbox"/> Adzenys                           | <input type="checkbox"/> Affexor               |
| <input type="checkbox"/> Albuterol inhaler     | <input type="checkbox"/> Aldactone                         | <input type="checkbox"/> Alendronate           |
| <input type="checkbox"/> Aleve                 | <input type="checkbox"/> Allegra                           | <input type="checkbox"/> Alprazolam            |
| <input type="checkbox"/> Altace                | <input type="checkbox"/> Ambien                            | <input type="checkbox"/> Amitriptyline         |
| <input type="checkbox"/> Amlodipine            | <input type="checkbox"/> Amoxicillin for pre-med           | <input type="checkbox"/> Anastrozole           |
| <input type="checkbox"/> Antacid               | <input type="checkbox"/> Atenolol                          | <input type="checkbox"/> Atorvastatin          |
| <input type="checkbox"/> B                     | <input type="checkbox"/> B-12                              | <input type="checkbox"/> BC pills              |
| <input type="checkbox"/> Benadryl              | <input type="checkbox"/> Benicar                           | <input type="checkbox"/> Beta Blocker          |
| <input type="checkbox"/> Birth Control Implant | <input type="checkbox"/> Boniva                            | <input type="checkbox"/> Bupropion             |
| <input type="checkbox"/> Calcium Citrate       | <input type="checkbox"/> Carvadopa                         | <input type="checkbox"/> Celebrex              |
| <input type="checkbox"/> Centrum Silver Women  | <input type="checkbox"/> Cephalexin 500mg FOR DENTAL APPTS | <input type="checkbox"/> Certraline            |
| <input type="checkbox"/> Chantix               | <input type="checkbox"/> Cholesterol medication            | <input type="checkbox"/> Cialis                |
| <input type="checkbox"/> Citalopram            | <input type="checkbox"/> Claritin                          | <input type="checkbox"/> Clonazepam            |
| <input type="checkbox"/> CO-Q 10               | <input type="checkbox"/> Collogen                          | <input type="checkbox"/> Cyclobenzaprine       |
| <input type="checkbox"/> Cymbalta              | <input type="checkbox"/> Cytalopram                        | <input type="checkbox"/> D3                    |
| <input type="checkbox"/> Diazepam              | <input type="checkbox"/> Diovan HCTZ                       | <input type="checkbox"/> Doxycycline Hyclate   |
| <input type="checkbox"/> Dulera                | <input type="checkbox"/> Dupixent                          | <input type="checkbox"/> Ectitalopram          |
| <input type="checkbox"/> Eliquis               | <input type="checkbox"/> Embrel                            | <input type="checkbox"/> Emgality              |
| <input type="checkbox"/> Epi Pen               | <input type="checkbox"/> Escitalopram                      | <input type="checkbox"/> estrogen/progesterone |
| <input type="checkbox"/> Excedrin              | <input type="checkbox"/> Eye drops                         | <input type="checkbox"/> Farxiga               |
| <input type="checkbox"/> Femara                | <input type="checkbox"/> Fish Oil                          | <input type="checkbox"/> Flagyl                |
| <input type="checkbox"/> Flaxseed oil          | <input type="checkbox"/> Flomax                            | <input type="checkbox"/> Flonase               |
| <input type="checkbox"/> Folic Acid            | <input type="checkbox"/> Gabapentin                        | <input type="checkbox"/> Ginseng               |
| <input type="checkbox"/> Glucerna              | <input type="checkbox"/> HCTZ                              | <input type="checkbox"/> Hiprex - UTI          |
| <input type="checkbox"/> Humira                | <input type="checkbox"/> Ibuprofen                         | <input type="checkbox"/> Imitrex               |
| <input type="checkbox"/> Insulin               | <input type="checkbox"/> IUD                               | <input type="checkbox"/> Januvia               |
| <input type="checkbox"/> Keflex                | <input type="checkbox"/> Keytruda                          | <input type="checkbox"/> Lamictal              |
| <input type="checkbox"/> Levonthyroxine        | <input type="checkbox"/> Lipitor                           | <input type="checkbox"/> Lisinopril            |
| <input type="checkbox"/> Loestrin FE           | <input type="checkbox"/> Loestrin 24                       | <input type="checkbox"/> Lorazepam             |
| <input type="checkbox"/> Lortab                | <input type="checkbox"/> Losartan                          | <input type="checkbox"/> Melatonin             |
| <input type="checkbox"/> Meloxicam             | <input type="checkbox"/> Metoprolol                        | <input type="checkbox"/> Methotrexate          |
| <input type="checkbox"/> Montelukast           | <input type="checkbox"/> Morphine                          | <input type="checkbox"/> Mucinex               |

- Multi-Vitamin
- Omega
- Otezla
- Percocet
- Plavix
- prenatal vitamins
- Probiotics
- Prozac
- Sertraline
- Steroid Cream
- Synthroid
- Topomax
- Triclor
- Tylenol
- Valtrex
- Vitamin Supplements
- Wellbutrin
- Zoloft

- Nasonex
- Omega 3
- Pantopazole
- Phentermine
- Pravastatin
- Previcid
- Progesterone
- Pulmicort
- Simavastatin
- Sudafed
- Synthroid
- Tramadol
- Trulicity
- Valcyclovir
- Viagra
- Vyvanse
- Xanax
- Zovirax

- Nexium
- Omeprazole
- Pepcid
- Plaqinal
- Prednisone
- Prilosec
- Prolia
- Restasis
- Singulair
- Symbicort
- Testosterone
- Trazadone
- Trybetiq
- Valsartan HCTZ
- Vitamin E 599 IU
- Warfarin
- Xyzal
- Zyrtec

**Additional Medications**

**Additional Medical Questions**

Are you currently under medical treatment of any kind?  No  Yes

Are you now or have you ever used a bisphosphonate to treat Osteoporosis? (Actonel, Atelvia, Boniva, Fosamax)  No  Yes

Have you been admitted to a hospital or needed emergency care within the last 2 years?  No  Yes

Do you have any health issues or conditions that need further clarification?  No  Yes

Does the patient have a condition that requires antibiotic premedication?  No  Yes