MEDICAL HISTORY UPDATE

SINCE YOUR LAST DENTAL APPOINTMENT: Circle appropriate response

1. **Email: _____& are you on Facebook? ☐Yes ☐No**

2. **Have there been any changes to your contact info: ☐Yes ☐No**
   a. **If yes**, Address: _____
   b. Work _____ Home_____ Cell_____

3. **Has your Insurance coverage changed? ☐Yes ☐No**
   a. **If Yes, give new card to Front desk staff**
   b. **who is the Carrier:**_____
4. **Have you seen a physician since last dental check-up? ☐Yes ☐No**
   a. **If yes**, for what purpose: _____

5. **Have there been any changes in your health history? ☐Yes ☐No**
   a. **If yes**, please explain any changes: _____
   _____
   b. Weight gain/loss_____ Allergies_____

6. **Are you taking any medications? ☐Yes ☐No**
   a. **If yes**, please list current medications including aspirin, vitamins, herbals and any
   OTC _____
   _____

7. **Have you had any surgeries? ☐Yes ☐No**
   a. **If yes**, please list any and all surgeries, JOINT replacement and/or cardiac
   _____

8. **Are you required to take Pre-medication prior to dental treatment? ☐Yes ☐No**

9. We offer Adult Fluoride Treatments for **$36.00**; **would you like to have a treatment today? ☐Yes ☐No**

RATE YOUR SMILE ON A SCALE OF 1 TO 10 (10 = Awesome) _____!

Print Patient name: _____

Signature_____ Date: _____

Doctor Signature_____