



Welcome

Medical History Update

Patient Name: _____

Update 1

Yes No In Correct Box

Have you changed your Primary Care/Family Physician?
Physician _____ Phone _____

Are you now under the care of a Specialist? Name of Specialist _____
Phone _____ Type of Specialist _____

Has there been a change in your health since your last dental appointment?
For what conditions? _____

List medications (Prescription or Non-Prescription Drugs) currently being taken: _____

Signature: <i>Patient</i> <input type="checkbox"/> <i>Parent</i> <input type="checkbox"/> <i>Guardian</i> <input type="checkbox"/>	Date	Signature Doctor
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Update 2

Yes No In Correct Box

Have you changed your Primary Care/Family Physician?
Physician _____ Phone _____

Are you now under the care of a Specialist? Name of Specialist _____
Phone _____ Type of Specialist _____

Has there been a change in your health since your last dental appointment?
For what conditions? _____

List medications (Prescription or Non-Prescription Drugs) currently being taken: _____

Signature: <i>Patient</i> <input type="checkbox"/> <i>Parent</i> <input type="checkbox"/> <i>Guardian</i> <input type="checkbox"/>	Date	Signature Doctor
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Update 3

Yes No In Correct Box

Have you changed your Primary Care/Family Physician?
Physician _____ Phone _____

Are you now under the care of a Specialist? Name of Specialist _____
Phone _____ Type of Specialist _____

Has there been a change in your health since your last dental appointment?
For what conditions? _____

List medications (Prescription or Non-Prescription Drugs) currently being taken: _____

Signature: <i>Patient</i> <input type="checkbox"/> <i>Parent</i> <input type="checkbox"/> <i>Guardian</i> <input type="checkbox"/>	Date	Signature Doctor
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Update 4

Yes No In Correct Box

Have you changed your Primary Care/Family Physician?
Physician _____ Phone _____

Are you now under the care of a Specialist? Name of Specialist _____
Phone _____ Type of Specialist _____

Has there been a change in your health since your last dental appointment?
For what conditions? _____

List medications (Prescription or Non-Prescription Drugs) currently being taken: _____

Signature: <i>Patient</i> <input type="checkbox"/> <i>Parent</i> <input type="checkbox"/> <i>Guardian</i> <input type="checkbox"/>	Date	Signature Doctor
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Update 5

Yes No In Correct Box

Have you changed your Primary Care/Family Physician?
Physician _____ Phone _____

Are you now under the care of a Specialist? Name of Specialist _____
Phone _____ Type of Specialist _____

Has there been a change in your health since your last dental appointment?
For what conditions? _____

List medications (Prescription or Non-Prescription Drugs) currently being taken: _____

Signature: <i>Patient</i> <input type="checkbox"/> <i>Parent</i> <input type="checkbox"/> <i>Guardian</i> <input type="checkbox"/>	Date	Signature Doctor
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Update 6

Yes No In Correct Box

Have you changed your Primary Care/Family Physician?
Physician _____ Phone _____

Are you now under the care of a Specialist? Name of Specialist _____
Phone _____ Type of Specialist _____

Has there been a change in your health since your last dental appointment?
For what conditions? _____

List medications (Prescription or Non-Prescription Drugs) currently being taken: _____

Signature: <i>Patient</i> <input type="checkbox"/> <i>Parent</i> <input type="checkbox"/> <i>Guardian</i> <input type="checkbox"/>	Date	Signature Doctor
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