



Medical History Update

Today's Date: _____

Patient's Name: _____ Patient's Age: _____

Parent's Email: _____ Parent's Cell Phone: _____

What method of contact would you prefer concerning your child's future appointments? _____

NEW Address: _____

Please respond to each question about your child by marking the appropriate line:

Yes No

Are there any concerns that you would like us to address at today's appointment? _____

Has there been any change in health since your last dental appointment?
If yes, for what condition? _____

Date of your last physical examination: _____

Are you currently under the care of a physician for any medical problems?
If Yes, for what? _____

Are you taking any medications at this time?
If so, what? _____

Do you have any allergies to any medications?
If so, what? _____

Are you allergic to latex, metals, or acrylics? _____

Are your immunizations, including Tetanus, up to date? _____

Do you have a heart condition that would require premed with antibiotics before dental treatment? _____

Do you use water that is fluoridated or taking any fluoride supplement? _____

How firm would you like us to **discuss** dental hygiene and nutrition with your child? Mild Moderate Firm

Parent's Signature: _____

****Please provide the Receptionist with your Current Insurance Card and Driver's License****