MEDICAL HISTORY UPDATE

Name _____ Date of Birth _____

Your current physical health is: ☐ Good ☐ Fair ☐ Poor
Are you currently under the care of a physician? ☐ Yes ☐ No
Physician's Name _____
Please Explain _____
Are you taking any prescription/over-the-counter drugs? ☐ Yes ☐ No
Please List (or provide list) _____
_____
Do you smoke or use tobacco in any other form? ☐ Yes ☐ No
Are you pregnant? ☐ Yes ☐ No Week # _____

Have you ever had any of the following disease or medical problems?
(Please check options that apply)

- ☐ Anemia / Radiation Tre atment
- ☐ Artificial Bones / Joints / Valves
- ☐ Arthritis
- ☐ Blood Transfusion
- ☐ Cancer / Chemotherapy
- ☐ Congenital Heart Defect
- ☐ Diabetes
- ☐ Difficulty Breathing
- ☐ HIV / Aids
- ☐ Kidney Problems
- ☐ Rheumatic / Scarlet Fever
- ☐ Drug / Alcohol Abuse
- ☐ Tuberculosis (TB)
- ☐ Emphysema / Glaucoma
- ☐ Epilepsy / Seizures / Fainting Spells
- ☐ Fever Blisters / Herpes
- ☐ Heart Murmur
- ☐ Heart Surgery
- ☐ Pacemaker
- ☐ Hemophilia / Abnormal Bleeding
- ☐ Hepatitis
- ☐ High / Low Blood Pressure
- ☐ Mitral Valve Prolapse
- ☐ Severe / Frequent Headaches
- ☐ Psychiatric Problems
- ☐ Hospitalized for any reason

Please list any serious medical condition(s) that you have ever had _____
_____

Are you allergic to any of the following? (Please check options that apply)

- ☐ Aspirin
- ☐ Codeine
- ☐ Dental Anesthetics
- ☐ Erythromycin
- ☐ Jewelry / Metals
- ☐ Latex
- ☐ Penicillin
- ☐ Tetracycline
- ☐ Other

Please list any other drugs/materials that you are allergic to:_____
_____

I understand that the information that I have given today is correct to the best of my knowledge. I also understand that this information will be held in the strictest confidence and it is my responsibility to inform this office of any changes in my medical status. I authorize the dental staff to perform any necessary dental services that I may need during diagnosis and treatment with my informed consent.

Signature _____Date _____

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I verbally reviewed the information above with the patient named herein. Initials ___ Date _____