Health History Update

Patient Name ______________________________ Today's Date ______________

Date of Birth ______________________________

Insurance Company: ______________________ **Employer:** ______________________

Health Conditions:

- Y N Pregnant
- Y N Cancer/Leukemia
- Y N Have you had radiation of head/neck?
- Y N Heart Condition/murmur/attack
- Y N Mitral Valve
- Y N Pacemaker
- Y N Prosthetic Replacements: Shunts, Hip, Elbow, Knee, Heart Valve
- Y N Parkinson's
- Y N Alzheimer's or Dementia
- Y N Do you take an antibiotic/Pre-Medication for dental work?
- Y N Abnormal Bleeding
- Y N Arthritis
- Y N High Blood Pressure
- Y N Low Blood Pressure
- Y N Respiratory Problems
- Y N Asthma
- Y N Diabetes
- Y N Hepatitis/Jaundice
- Y N HIV Positive
- Y N Multiple Sclerosis
- Y N AIDS
- Y N Glaucoma
- Y N Epilepsy/Seizures
- Y N Stroke
- Y N Thyroid Condition
- Y N Tuberculosis
- Y N Kidney Ailments
- Y N Acid Reflux/GERD
- Y N Osteoporosis
- Y N Are you taking a blood thinner? (ex: aspirin, Plavix, Coumadin, Warfarin)
- Y N Do you take medication to treat Osteoporosis or other bone disease? (ex: Fosamax, Actonel, Boniva, Zometa, Reclast)
- Y N Do you smoke, chew tobacco, or vape?

Are you Allergic to:

- Y N Local Anesthetics
- Y N Penicillin
- Y N Other Antibiotic
- Y N Sulfa
- Y N Barbiturates/Pain Medication
- Y N Sedatives
- Y N Aspirin
- Y N Any Metals
- Y N Latex
- Y N Other: ______________

List any *Medications* you are taking:

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Any health changes since your last visit? ______________________

☐ **Please check here for <u>same</u> address/phone/email as last time or complete below**

Home Address: ______________________________

Phone: ______________________ Cell Phone: ______________________

Email Address: ______________________________

EMERGENCY CONTACT

Name: ______________________ Phone: ______________________

If you fail to notify us within 24 hrs. that you cannot make your appointment you will be charged $45. We will submit to your insurance as a courtesy. The charges for your services is your responsibility regardless of insurance coverage. Please be aware of your insurance benefits.

SIGNATURE ______________________________