

Patient Information Updated

Patient Name _____ Birthdate _____ Male _____ Female _____

Current Mailing Address:

Street _____

City _____ State: _____ Zip: _____

Home phone No #() _____ Cell phone #() _____

Email Address: _____

I would like my statements send to me via email

YES NO

I would like appointment confirmation via email

YES NO

Medical History Update

- Has there been any change in your or your child's health since the last exam?

YES NO

For what conditions? _____

- Are you or your child taking any new medications?

YES NO

If yes please list medications

- _____
- Do you or your child have any allergies? Please include allergies to any medications?

YES NO

Please list all allergies: _____

- Do you or your child have a heart murmur or any other cardiac problems?

YES NO

If you answered yes: Please lists your treating

doctor: _____

- Does the condition require pre medications? Yes No
- Have you or your child received any blood transfusions or blood products?

YES NO

- Are you or your child allergic to latex? YES NO

- Do you or your child take any homeopathic or herbal remedies?

YES NO

Please list: _____

Insurance Information

Has there been a change with your dental insurance? If so please provide us with your insurance card.

YES (continue below) NO

Insured Employee: _____ SSN#: _____

Employer: _____

Name of Insurance Company: _____ Policy No.: _____