

## HEALTH HISTORY UPDATE

Patient Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email address \_\_\_\_\_ Text ok? Yes / No

Dental Insurance Name \_\_\_\_\_ Social Security/ID# \_\_\_\_\_

Have you been under the care of a physician in the past year?      YES                  NO

If yes, why? \_\_\_\_\_

**Women:** Are you pregnant?    YES    NO    If yes, due date \_\_\_\_\_

Are you taking Birth Control?    YES    NO

Are you **Allergic** or have you had a bad reactions to any of the following (**circle those that apply**)

Bactrim    Sulfa    Penicillin    Latex    Codeine    Aspirin    Clindamycin    Keflex    Local Anesthetic    Cipro

Other \_\_\_\_\_

List any medications you are taking \_\_\_\_\_

**Circle** any of the following which you have had or presently have:

- |                         |                                   |                   |                   |
|-------------------------|-----------------------------------|-------------------|-------------------|
| High Blood Pressure     | Hepatitis                         | Nervousness       | Blood Transfusion |
| Heart Murmur            | AIDS/HIV Positive                 | Epilepsy          | Abnormal Bleeding |
| Heart Disease           | Drug Abuse                        | Arthritis         | Liver Disease     |
| Angina                  | Alcohol Abuse                     | Reflux/Heart Burn | Tuberculosis      |
| Stroke/Heart Attack     | Weight Loss                       | Diabetes I or II  | Thyroid Disease   |
| Artificial Heart Valve  | Cancer _____                      | Chemo/Radiation   | Cold Sores        |
| Congenital Heart Defect | Pacemaker                         | Asthma            | Kidney Problems   |
| Mental Health Disorder  | Joint Replacement/PreMed Required | Covid-19 Vaccine  |                   |

Do you have any disease, condition or problem not listed? \_\_\_\_\_

Do you have any dental pain ? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Dr initials \_\_\_\_\_

(Patient/Legal guardian)

BP \_\_\_\_\_