## ADULT HEALTH HISTORY UPDATE

**Name:** _____ **Date:** _____

Since your last appointment have there been any changes in your health? If yes, Please Explain: _____

**1.** Is there anything about your teeth, mouth or jaw that concerns you? If yes, What? _____ ❑ Yes ❑ No

**2.** Do you have any other concerns about today's appointment that you would like to bring to the doctor's attention? ❑ Yes ❑ No

If yes, What? _____

**3.** Are you presently under the care of a physician for any medical reasons? _____ ❑ Yes ❑ No

If yes, What? _____

**4.** Are you currently taking any medications? If yes, What? _____ ❑ Yes ❑ No

**5.** Do you have a medical condition (heart murmur, heart defect, etc.) that requires antibiotics before dental treatment? ❑ Yes ❑ No

If yes, what prescribed medication have you taken? _____ How much? _____ What time? _____

**6.** Are you allergic to medicine(s) or other product(s)? If yes, What? _____ ❑ Yes ❑ No

**7.** Are you allergic to vinyl, metal or acrylics? If yes, What? _____ ❑ Yes ❑ No

**8.** Are you allergic to latex (gloves, rubber products)? If yes, What? _____ ❑ Yes ❑ No

SIGNATURE OF PATIENT: _____ DOCTOR'S INITIALS: _____


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