HORIZON DENTAL CARE

PATIENT MEDICAL HISTORY UPDATE

Please complete this medical history update form listing any changes to your health or contact information so that we may provide you with the very best care possible.

Since your last dental appointment please indicate any changes to the following:
(check all that apply) ☐ Address ☐ Phone ☐ Email ☐ Marital Status ☐ Insurance ☐ Medical History

Patient Name: _____
Last First MI

Birth Date: _____ ☐ Married ☐ Single ☐ Child ☐ Other _____

E-mail Address: _____ Phone (Home): _____

(Cell)_____ (Work) _____ Ext: _____ Best time to call: _____

Address: _____
Street Apartment#

_____
City State Zip Code

MEDICAL HISTORY:

Tobacco _____ Weight gain/loss? _____ Date of last visit to physician: _____

Explain for what purpose _____

Have there been any changes in your health? _____

_____

Allergies: _____ (if yes explain)_____

Please list current medications, including aspirin, vitamins and herbals: _____

_____

Have you been hospitalized?_____ If yes for what purpose _____

_____

Please list any and all surgeries, JOINT replacement, cardiac, etc. _____

_____

Are you required/did you/ take medication (as prescribed by the American Heart Association) prior to treatment?_____ If yes, please list medication(s): _____

_____

_____

Signature _____ Date _____