



## ADULT MEDICAL HISTORY UPDATE

Name \_\_\_\_\_ Age: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Full Address \_\_\_\_\_

Telephone (h) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**\*\* Our office uses phone, text and emails as a way to remind you of future appointments. Be sure to provide the phone number you would like the reminders sent to.\*\***

1. Have there been any changes in your medical history since your last visit? **Yes No**

If yes, please explain: \_\_\_\_\_

**Female patients only.** To your knowledge, is there any chance your child is pregnant? **Yes No**

2. List any medications you are now taking:

\_\_\_\_\_

3. Do you have any allergies? **Yes No**

If yes, please list: \_\_\_\_\_

4. Have there been any dental concerns since your last visit? **Yes No**

If yes, please explain: \_\_\_\_\_

5. Have there been any insurance changes since your last visit? **Yes No**

If yes, please give your insurance card to our front desk so we may get a copy

I understand that today's visit is for a comprehensive dental examination, cleaning, fluoride, and x-rays (if needed).

This office follows the guidelines of the American Dental Association and recommends x-rays taken every 1-2 years. Current x-rays are necessary for a comprehensive dental examination. No restorative work will be scheduled without current x-rays. No exceptions.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Missed Appointment Policy:** I understand that I am required to provide a 24-hour cancellation notice. First failed appointment may result in a \$35 fee. Second failed appointment within a 12-month period may lead to dismissal from the practice.

Signature: \_\_\_\_\_