

MEDICAL HISTORY UPDATE

Date _____

Name _____

D.O.B. _____

Physician's name _____

_____ on a regular basis? _____

_____ any medication (penicillin)? _____

_____ B? _____
_____ for HIV? _____
_____ or a drug dependency? _____
_____ r taken any osteoporosis drugs (fosomax, boniva)? _____
_____ blood thinners (coumadin, plavix)? _____
_____ needed antibiotics before dental work? _____

2. Are you taking any medication?
If so, please list: _____

3. Are you allergic to latex or a
If so, please list: _____
4. Have you ever had Hepatitis
5. Have you ever tested positive
6. Have you ever been treated for
7. Do you now or have you ever
8. Are you currently taking any
9. Have you ever been told you
If so, for what condition? _____

_____ al history updates

Signed _____

For office use only: verbal medication
