



32609 Woodward Ave.  
Royal Oak, MI 48073  
(248) 549-0950

### Patient Medical History Update

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Name of Employer \_\_\_\_\_

Employer Phone \_\_\_\_\_

Any changes in insurance coverage?       Yes    No   If so, what?

Any changes in health status within the last year?

List All Medications \_\_\_\_\_

Any history of the following?

Rheumatic Fever?	YES	NO
Mitral Valve Prolapes?	YES	NO
Heart Murmur?	YES	NO
Hepatitis?	YES	NO
ARC/AIDS?	YES	NO
Tuberculosis?	YES	NO
Recent Joint Replacement?	YES	NO

Are you allergic to any medications?      YES      NO

What? \_\_\_\_\_

What is the most important thing that we can do for you during your visit to our office?

What other concerns do you have about your dental health that you would like addressed?

Signature \_\_\_\_\_

Date \_\_\_\_\_