

**Medical Update**

Name: \_\_\_\_\_  
Phone Number: (h) \_\_\_\_\_  
(w) \_\_\_\_\_  
(c) \_\_\_\_\_  
Email: \_\_\_\_\_

Please list any current medications you are taking (prescription and over the counter):

\_\_\_\_\_

Reason: \_\_\_\_\_

Females: Are you currently pregnant? \_\_\_\_\_ Due date: \_\_\_\_\_

Please list any health conditions you have:

\_\_\_\_\_  
\_\_\_\_\_

Please list any allergies you have:

\_\_\_\_\_  
\_\_\_\_\_

Have you been admitted to a hospital or needed emergency care in the past two years?  
If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you have a history/ or do you currently smoke and or use tobacco products?

Please list: \_\_\_\_\_

Do you have any dental concerns? \_\_\_\_\_

To the best of my knowledge, all of the preceding answers and information are true and correct. If I ever have any change in my health, I will inform the doctors at the next appointment without fail.

\_\_\_\_\_  
Signature of patient, parent or guardian

\_\_\_\_\_  
Today's Date