



UPDATED HEALTH HISTORY

Name: _____ Date of Birth: _____

Within the past year have you had any recent surgeries / hospitalizations or newly diagnosed medical conditions? Yes No (circle one)

If yes, explain: _____

Have you ever been told you require antibiotics before dental appointments? Yes No (circle one)

If yes, explain _____

Please list (or attach a list) of current medications:

Is there anything that you would like to specifically discuss at this appointment?

- Recent pain / discomfort
- Bleeding/ uncomfortable gums
- Tooth bleaching
- Straightening teeth / Invisalign
- Other:

*In the day and age of technology, many of our patients appreciate a text or email appointment confirmation or reminder. Do we have your cell # and email address?

- Yes
- No
- I would prefer a phone call or post card appointment confirmation/ reminder

Cell #: _____ Email: _____

Signature: _____ Date: _____

Amy Roberts, DDS _____ Date: _____