



Health History Update

Patient's Name: _____

Date of Birth: _____

1. Has your address, phone number or email changed? Yes/No

If yes: _____

2. Has your insurance changed? Yes/No ***If yes, please inform us immediately***

If yes: _____

3. Please check box for preferred office communication.

Text [] _____ Email [] _____ Phone Call [] _____

4. Has your child had any health changes since their last visit? Yes/No

If yes, please explain: _____

5. Is your child taking any medications (prescription, over-the-counter, vitamin supplements)? Yes/No

If yes, please list the following:

Medication: _____ Reason: _____

Medication: _____ Reason: _____

Medication: _____ Reason: _____

6. Is your child allergic to (please explain if yes to any)... Yes/No

• Any medications? _____

• Any foods? _____

• Other? _____

7. Has your child been hospitalized or had surgery? Yes/No

If yes, please explain: _____

8. Has your child received the COVID-19 vaccination? Yes/No

9. Is your child experiencing any of the following - dry cough, runny nose, sore throat, watery eyes, sinus pain/pressure that is unusual and not related to seasonal allergies, headaches, fatigue, weakness, loss of taste and/or smell? Yes/No

If yes, please explain: _____

10. Within the past 14 days, have you had a known exposure to any individual suspected or confirmed to have COVID-19 or who has traveled to a location after which self-quarantine is recommended? Yes/No

11. I consent to the administration of fluoride treatment. Yes/No

12. I consent to radiographs (x-rays). Yes/No

I am aware that if I continue to refuse radiographs in the future, my child may be dismissed from the practice.

13. Any dental concerns or comments? Yes/No

If yes, please explain: _____

Parent Signature: As this child's parent or legal guardian, I acknowledge that the information I have given is correct to the best of my knowledge. I understand that misrepresenting or withholding medical/dental information can be harmful to my child during treatment.

Please print full name: _____ Today's date: _____

Parent or legal guardian's signature: _____