

Patient Information Update

In order for us to provide you with the best possible service, we need to have updated information as well as any changes in your medical history. Please review the attached Patient Registration form from your previous visit. If there are any changes in patient information or medical history, enter below. Sign and date the bottom of this form in the space provided.

Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Home Phone: _____
 Work Phone: _____ Cell Phone: _____ Email: _____
 Employer: _____ Dental Insurance: _____ Phone: _____
 Nearest relative _____ Ph.# _____ Person Financially Responsible _____ Ph.# _____

Medical

- Have there been any changes in your health since your last visit? Yes No
 Explain _____
- Are you currently under the care of a physician? Yes No
 Physician's name _____ Reason _____
- Are you taking any medications? Yes No List: _____
- Are you allergic to any of the following? Penicillin Food allergies _____
 Latex Other _____
- Are you pregnant? (Or think you may be pregnant?) Yes No

Medical Update

Has your heart physician ever informed you that you have or had?

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Heart ailment | <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Venereal disease | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Mitral Valve Prolapse | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> H.I.V. positive |
| <input type="checkbox"/> Respiratory disease | <input type="checkbox"/> Rheumatism or arthritis | <input type="checkbox"/> Blood disease | <input type="checkbox"/> AIDS |
| <input type="checkbox"/> Stomach/Intestinal disease | <input type="checkbox"/> Tumors or growths | <input type="checkbox"/> Liver disease | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Other _____ | | | |

Please mark whether or not you had any changes, and date & sign below.

- No Change Changes noted Date _____ I have been given or offered a copy of the office's "Notice of Privacy Practices". _____
 Initial
- No Change Changes noted Date _____

Signature _____ Date _____