



1957 Raymond Diehl Rd. • Tallahassee, FL 32308 • (850) 385-2003

Medical History Update

Patient Name: _____ Birthdate: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home: _____ Work: _____ Cell: _____

DL#: _____ SS#: _____ Male Female

Email: _____ (Used for appointment reminder and in-office use only)

Insurance Co: _____ Employer: _____

Insured Name: _____ DOB: _____ SS# _____

Have you had any medical changes or surgeries recently? ... YES or NO

Explain: _____ Are you currently taking any drugs or medications? ...

If so, what? _____

Do you use any type of blood thinner medication including aspirin? ...

Do you take any drugs for Osteoporosis to prevent bone loss or IV bisphosphonates? ...

Please check any of the following you are allergic to or have had adverse reactions to:

- Aspirin, Codeine, Demerol, Iodine, Latex, Erythromycin, Percodan, Local Anesthetic, Penicillin, Valium, Other:

Please check any of the following which you have had or have at the present:

- AIDS or HIV Positive, Alcoholism, Allergies or Hives, Anemia, Angina Pectoris, Arteriosclerosis, Arthritis/Rheumatoid, Artificial Heart Valve, Artificial Joint/Implants, Asthma, Blood Transfusion, Bruise Easily, Cancer, Chemotherapy, Clenching/Grinding Teeth, Cold Sores, Congenital Heart Lesions, Cortisone Medication, Diabetes, Difficulty Sleeping, Drug Addiction, Emphysema, Epilepsy or Seizures, Fainting or Dizzy Spells, Genital Herpes, Glaucoma, Hay Fever, Head Injury, Headaches, Heart Disease/Attack, Heart Murmur, Heart Failure, Heart Pacemaker, Heart Surgery, Hemophilia, Hepatitis A, Hepatitis B, Hepatitis C, High Blood Pressure, Hypoglycemia, Kidney Trouble, Liver Disease, Metal Allergies, Mitral Valve Prolapse, Muscle Spasms, Nervousness Problems, Osteoporosis, Pain in Jaw Joints, Persistent Cough, Popping Jaw Joints, Previous Gum Disease, Previous Orthodontic, Psychiatric Treatment, Radiation Treatment, Rheumatic Fever, Scarlet Fever, Sleep Apnea, Sickle Cell Disease, Sinus Trouble, Stroke, Swallowing Problems, Thyroid Disease, TMJ Problems, Tuberculosis, Ulcers, Venereal Disease, Yellow Jaundice

Any other medical problem you are having that is not listed? _____

To the best of my knowledge, all of the above answers are true and correct. If I ever have a change in my health, or if my medicines change, I will inform the doctor of dentistry at the next appointment without fail:

Patient/Guardian Signature: _____ Date: _____