



### **Health History Update Form**

Patient's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address (if changed): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Changes to Insurance: \_\_\_\_\_

Have there been any changes to your medical history or medications since your last visit to our office?

If yes, please explain below: \_\_\_\_\_

We can now offer text messages for your appointment reminders. Would you prefer text over your current preference? If yes, please tell us: Phone Number: \_\_\_\_\_

Have you had any dental work done in the past year outside of our office such as wisdom teeth extractions with an oral surgeon, periodontal surgery, etc.? If yes, explain: \_\_\_\_\_

I understand that the following are potential complications that can occur with any dental treatment, and although not common, they can occur to me: bruising or paresthesia (prolonged or permanent numbness) with anesthetic injections, TMJ (jaw bones and muscles) pain or problems from opening of the mouth for extended periods of time, soreness or swelling in and around the mouth from stretching and use of instruments, damage to adjacent teeth or prolonged sensitivity when work is done on any tooth, if cavities are larger than expected the price may increase and sometimes a root canal may be needed if cavity is larger than expected. Emails to you and to specialists for you are done via a normal, unencrypted gmail account, let us know if you prefer fax or another method of communication.

I have had the chance to review the office financial policy and requested a personal copy of it if I so desired.

Signature or initials for digital signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_