Health History Update

Patient's Name: _____

Please list **ALL prescription medications** and **over-the-counter medications** the patient is currently taking or provide a list of medications. None_____

Name of Medication	**Dosage**	**Frequency**	**Reason for taking**

Please list **ALL/ANY** hospitalizations, serious illnesses, surgeries, especially placement of artificial joints, pins and plates, stents, and pacemakers. Please list ANY health change the patient has had since the last visit.

_____

_____

Are you **pregnant or possibly pregnant** (***women***)? Yes_____ No _____ N/A _____

Are you breastfeeding (***women***)? Yes_____ No _____ N/A _____

Please list **ALL/ANY** allergies, including LATEX

_____

_____

Please list any **concerns/problems/discomfort** you want addressed by the hygienist or dentist

_____

_____

_____ _____ _____

Patient/Parent or Guardian Signature Date Staff Initials

*I have **reviewed and verified** the information above and made necessary changes.*

_____ _____ _____

Patient/Parent or Guardian Signature Date Staff Initials

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_____ _____ _____

Patient/Parent or Guardian Signature Date Staff Initials

Covid-19 Screening

Date: ____________ **Temp:** ____________ **Signature:** ________________________________

1. Do you/they have fever, shortness of breath, cough, sinus infection, flu-like symptoms, loss of taste or smell?

   Yes________ No_________

2. Have you/they traveled out of the country in the past 14 days?

   Yes________ No_________

3. Have you/they been around anyone who has been confirmed with Covid-19 in the past 14 days?

   Yes________ No_________

Date: ____________ **Temp:** ____________ **Signature:** ________________________________

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   Yes________ No_________

2. Have you/they traveled out of the country in the past 14 days?

   Yes________ No_________

3. Have you/they been around anyone who has been confirmed with Covid-19 in the past 14 days?

   Yes________ No_________

Date: ____________ **Temp:** ____________ **Signature:** ________________________________

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Date: ____________ **Temp:** ____________ **Signature:** ________________________________

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