

Yearly Health History Update

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone( ) \_\_\_\_\_ Cell( ) \_\_\_\_\_

Where would you like to be contacted: ( ) Home ( ) Work ( ) Cell: Text on cell ( ) yes ( ) no

Email Address \_\_\_\_\_

**PLEASE INDICATE WHICH OF THE FOLLOWING APPLIES (check only if yes)**

( ) Do you have Insurance? If so, Insurance Co. \_\_\_\_\_

( ) Have you had any medical surgeries? Please Specify \_\_\_\_\_

( ) Are you currently under a physician's care? \_\_\_\_\_

( ) Do you have any Allergies to any drugs or medications? Which ones? \_\_\_\_\_

( ) Have you ever had a reaction to local anesthetic? \_\_\_\_\_

**To the best of your knowledge have you ever had or have:**

- ( ) Anemia/Blood Disease?
- ( ) Arthritis?
- ( ) Asthma/Hay fever?
- ( ) High Blood Pressure?
- ( ) Low Blood Pressure?
- ( ) Cancer/TX/X-ray?
- ( ) Diabetes?
- ( ) Epilepsy/Seizures?
- ( ) Fainting/Nervous?
- ( ) Migraine Headaches?
- ( ) Glaucoma?
- ( ) Heart Trouble?
- ( ) Open Heart Surgery?
- ( ) Pace Maker?
- ( ) Cardiovascular disease (heart attack, angina, coronary insufficiency, arteriosclerosis) \_\_\_\_\_
- ( ) Do you have any artificial knees, hips, or other joints? Please specify \_\_\_\_\_
- ( ) Do you smoke? How much? \_\_\_\_\_
- ( ) Are you pregnant? Month \_\_\_\_\_
- ( ) Mitral Valve Prolapse?
- ( ) Hepatitis/Jaundice?
- ( ) Herpes Virus?
- ( ) HIV Positive/Aids
- ( ) Ulcers or Stomach Disorder?
- ( ) Neck/Head Pain?
- ( ) Rheu Fever/Murmer?
- ( ) TMJ/Clicking Joint?
- ( ) TB/Lung Disease?
- ( ) Stroke?
- ( ) Thyroid Disease?
- ( ) Liver/Kidney Problems?
- ( ) Prolonged Bleeding?
- ( ) Healing Complications?

In case of an emergency please notify \_\_\_\_\_ Phone \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_ Date of last visit \_\_\_\_\_

Please list all drugs, vitamins and medications you are presently taking including birth control pills: \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by \_\_\_\_\_