

## DAVID L. ROBERTS, D.D.S., P.A.

— General Dentist Providing Oral Surgery Services —

2 of 5

## [Your Address Here]

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## **Medical History Update Form**

								Da	.te		
ne_								Dentist's Na	ame		
	Last	First			Middle						
ial S	Security #	Ht			Wt_			Date of Birt	h		
ou a	are completing this for	m for another perso	n, wł	nat is yo	ur rela	ation	ship to tl	hat person?_			
	following questions, ci nfidential. Please note quest		itial v	isit, you	will be	e ask	ed some	questions ab	out your respon		
1. 2.	Are you in good health Has there been any cha health within the past y	nge in your general		No No		i. A	AIDS or H	IIV infection.	ver disease	Yes	No No No
3. 4.	My last physical exami Are you now under the physician?	care of a	Yes	No		1. S m. K	Stomach u Kidney tro	lcer or hypera	ronchitis, etc.	Yes Yes	No No No
5.	If so, for what condition. The name and address of					o. S p. E	Sexually to Epilepsy/o	ransmitted dis other neurolog	sureeaseical disease?	Yes Yes	No No No No
6.	Have you had any serio				9.	Have Or re	e you had equired a	abnormal ble	eding?sion?	Yes	N N
7.	hospitalized in the past Are you taking any med non-prescription medic If so, what medicine(s)	dicine(s), including ine(s)?	Yes	No	11. 12.	as an Have	nemia? e you bee you allerg	n treated for a	tumor?u had a reaction t	Yes to:	N N
8.	Do you have or have you diseases or problems?  a. Damaged or artificial murmur, or rheumath. Cardiovascular diseattack, heart trouble	ve you had any of the foll ns? tificial heart valves, heart umatic heart disease disease, angina, heart buble, stroke	owing Yes Yes	No No		<ul><li>b. Penic</li><li>c. Sulfa</li><li>d. Barbi</li><li>e. Aspir</li><li>f. Iodin</li></ul>	Penicillin ( Sulfa drug Barbiturate Aspirin odine Codeine or	anesthetics	sleeping pills	Yes Yes Yes Yes Yes	N N N N N
	e. Asthma or hay fever	izures	Yes Yes Yes	No No No No No	Woi 13. 14. 15.	men Are y Do y Are y	you pregr ou have a	nant? any menstrual ng?	problems?	Yes Yes	N N N
abo any feel forr	ertify that I have read at we have been answered to errors or omissions that you would like to prove to write out a chronological	to my satisfaction. I vant in may have made in the ride us with additional to the ride us with a dditional to the ride us with a d	will no the o al info	ot hold me completion	ny dent on of t it wor ory.	tist, o this fo uld b	or any other form. If yoe helpful	er member of your medical l for us if you	his/her staff, resp history is comple	onsib x or i	le f