



# HIGHLAND MEADOWS DENTAL HEALTH CENTER

## Patient Information Update

**Hello! Please take a moment prior to your appointment to fill out the form below with any new information since we last saw you. If there haven't been any changes, please mark the box at the bottom of the list. Thanks, and we'll see you soon!**

**ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ **INSURANCE:** \_\_\_\_\_

**HAVE THERE BEEN ANY CHANGES TO YOUR HEALTH HISTORY SINCE YOUR LAST DENTAL APPOINTMENT?** \_\_\_\_\_

**ANY ALLERGIES?** \_\_\_\_\_

**PLEASE LIST CURRENT MEDICATIONS INCLUDING ASPRIN, VITAMINS AND HERBAL SUPPLEMENTS:** \_\_\_\_\_

**HAVE YOU BEEN HOSPITALIZED?** \_\_\_\_\_

**PLEASE LIST ANY AND ALL SURGERIES, REPLACEMENTS OR IMPLANTS:** \_\_\_\_\_

**ANY NEW DENTAL CONCERNS THAT YOU WANT US TO BE AWARE OF?** \_\_\_\_\_

**IF THERE HAVE NOT BEEN ANY CHANGES, PLEASE MARK THIS BOX**

**PRINT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGN NAME:** \_\_\_\_\_

**PROVIDER INITIALS** \_\_\_\_\_