



puget sound periodontics

Established Patient - Dental Medical and History Update

To ensure the highest quality of healthcare, we ask that you complete this patient update form.

Today's Date: _____ / _____ / _____

Patient Name: _____ Date of Birth: _____

Reason for today's visit: _____

Contact information:

Email address: _____ Phone number: _____

Address: _____

Preferred method of contact: _____

	NO	YES	If yes, please explain
Any changes in insurance?			
Any changes in medical health or diagnoses in the last year?			
Any change in dental health in the last year?			
Have you had any changes in medications or supplements (prescription and/or non-prescription)?			
Please list your current medications?			
Are you allergic to any medications, foods or latex?			

Are you allergic to any foods, or latex?			
Do you use any tobacco products?			
Females only: Are you pregnant/nursing?			
Females only: Are you taking birth control?			
Any surgeries or hospitals since last dental visit?			

I certify that I have read and I understand the questions above. I acknowledge that my questions, if any, about the inquiries above have been answered to my satisfaction. I will not hold my doctor, or any other member of his/her staff, responsible for any errors or omissions that I have made in the completion of this form.

X _____
Patient Signature

X _____
Date

X _____
Doctor Signature

X _____
Date