

Medical History Update

Child's Full Name _____

Name child prefers to be called _____

Please tell us if there have been Changes in the following information:

To assist us in keeping your child's medical history current, please answer the following questions:

- | | | |
|---|---------------------|--------------------|
| 1. Have there been any changes in your child's general health since your last visit to our office? If yes, please explain: | Yes _____ | No _____ |
| <hr/> <hr/> | | |
| 2. Has your child been in the hospital within the last year? If so, for what reason: | Yes _____ | No _____ |
| <hr/> <hr/> | | |
| 3. Is your child currently under the care of a physician? If so, what is the condition being treated: | Yes _____ | No _____ |
| <hr/> <hr/> | | |
| 4. Is your child taking any drugs or medications at the present time? If so, which drugs or medications: | Yes _____ | No _____ |
| <hr/> <hr/> | | |
| 5. Is there any additional information that you think we should know about your child's physical or emotional health status? | Yes _____ | No _____ |
| <hr/> <hr/> | | |

Attention! Please Complete This Section in Full then Sign and Date in the space

Name _____ Address _____

Home Telephone _____ Father's Work Telephone _____

Mother's Work Telephone _____ Dental Insurance _____

Signature of Parent or Guardian

Date