Patient Health History Update Form

Patient Name: ______________________________ Birth Date: ____________________Body Weight:___________________

Home Address: ____

Home Phone: ________________________ Cell Phone: ________________________Work Phone: ______________________

Okay to leave detailed message on phone numbers? ☐ Yes ☐ No

Preferred Contact Method-Appointment Reminders: ☐ Phone Call ☐ Email ☐ Text Message
(checkmark all that apply)

Parent Email Address: ____

Any changes in the patient's health history since the last visit? ☐ Yes ☐ No

If yes, please explain: ____

Any changes in your insurance coverage since the last visit? ☐ Yes ☐ No

If yes, please provide the new information to the front desk.

Any travel outside of the country within the last 6 months? ☐ Yes ☐ No

If so, where?: ____

Do you use “gummy” vitamins? Yes___No___N/A___

Do you eat candy every day? Yes___No___N/A___

Frequency of candy or sweets: > 2 time/day___1 time/day__1 time/week__1 time/month__ None__

>4-6 oz juice per day? Yes___No___N/A___

Frequency of juice: > 2 time/day___1 time/day__1 time/week__1 time/month__ None__

Drink any soda? Yes___No___N/A___

Frequency of soda: > 2 time/day___1 time/day__1 time/week__1 time/month__ None__

Frequency of snacking: > 3 time/day? Yes___No___N/A___

Please list the most taken snacks: ____

Habits: Thumb sucking___ Biting nails ___ Biting lips___ Biting tongue___ Grinding teeth___ Mouth breathing___ Chewing other things (pencil, blanket, etc)____ Using straw or sipping cup____

You brush ____time(s) a day. Floss: every day ____ 1 time a week___ Seldom ____None____

I have reviewed my child's most recent health history form and there has been no change in his/her health conditions since then. I understand the above information and guarantee this form was completed correctly to the best of my knowledge and understand that is it my responsibility to inform this office if any changes to the information that I have provided.

____________________________________ ______________________________

Parent Signature Date