

JUST DENTAL (DUC DO DDS, INC.) --- DENTAL MEDICAL AND HISTORY UPDATE

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

Patient Name: _____ Date of Birth: _____

Phone Number (Cell): _____ Home: _____

Address: _____

PREFERRED METHOD OF CONTACT: Phone call Text message Email address: _____

Select all that apply. Any changes, please update below.

- Any changes in insurance? YES NO

EXPLAIN: _____

- Any change in health since last dental visit? YES NO

EXPLAIN: _____

- Any surgeries or hospitalizations since last dental visit? YES NO

EXPLAIN: _____

- Are you being treated for any medical condition at present? YES NO

EXPLAIN: _____

- Any new family history of cancer or other serious health issues? YES NO

EXPLAIN: _____

- Are you taking blood thinners or diagnosed with a bleeding disorder? YES NO

EXPLAIN: _____

- Are you diabetic? YES NO

EXPLAIN: _____

- Are you taking any medications or supplements (prescription and/or non-prescription)? YES NO

EXPLAIN: _____

- Have you discovered you are allergic to medications, foods, or latex? YES NO

EXPLAIN: _____

- Are you currently pregnant? YES NO

- Are you currently smoking? YES NO

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, affiliated entities, or any other member of his/her staff responsible for any errors or omissions that I have made in the completion of this form. (Initial _____)

Patient Signature _____ Date _____