



Jason Ashcroft DMD, MSD

MEDICAL HISTORY UPDATE

Patient's Name: _____ DOB: _____

Have there been any changes to your address, telephone number, or insurance?.....**Yes No**

Have there been any changes to your medical history since your last visit?.....**Yes No**

If Yes please provide the new information:

Medical History (If Yes, please circle appropriate condition):

1. Has your child ever experienced any of the following:

Cerebral palsy, seizures, convulsions, fainting, loss of consciousness, trauma to head, recurrent headaches.....	Yes No
Sensory disorders of seeing or hearing, ADHD, Autism.....	Yes No
Behavioral, learning, or communication problems, excessive nervousness.....	Yes No
Congenital heart disease, heart murmur, heart damage from rheumatic fever.....	Yes No
History of chest pains or high blood pressure.....	Yes No
Prolonged bleeding, blood dyscrasias or diseases, blood transfusions.....	Yes No
Cystic fibrosis, pneumonia, asthma, shortness of breath, difficulty breathing.....	Yes No
Stomach, liver, intestinal problems, hepatitis, jaundice.....	Yes No
Pregnancy or possible pregnancy, kidney or bladder disease.....	Yes No
Diabetes, thyroid disease, or other glandular problems.....	Yes No
Limitations of arms or legs, joint replacement, or muscular dystrophy.....	Yes No
Developmental delay.....	Yes No

2. Has your child ever experienced the following:

A. Allergy to any medication? _____
If so, what medication and what was the reaction? _____

B. Allergy or sensitivity to other materials or chemicals, such as LATEX, NUTS, DYES etc.? _____
If so, which material and what was the reaction? _____

3. Is your child currently on any medication? _____ If yes, please list : _____

4. Does your child have any other medical condition or syndrome, not listed above? _____
If yes, please list _____

5. Has your child ever been hospitalized? _____ If yes, when and for what? _____

6. Child's physician or pediatrician: _____ Phone: _____

7. Date of last medical exam: _____

Signature of parent/guardian

Date

Doctor's signature

If you would like to review a copy of the financial agreement please advise the front desk, if not we will provide you a copy at each of your yearly examination appointments.