

HEALTH HISTORY UPDATE

Patient Name _____ Date: _____

How is your general health?

Has there been any change in your general health since your last visit to our office?

Please describe:

Have you had **any** surgeries since your last visit?

Please describe:

Are you under a physician's care at this time?

Name of Physician:

Condition being treated or observed:

Do you have any type of heart problems or problems with blood pressure?

Please describe:

Are you taking any medications at this time?

Please list:

Are you currently taking or planning to begin taking any bisphosphonates (i.e. Fosamax, Aredia, Zometa, Boniva)?

Do you have any allergies? (drugs/latex/metals)

Do you have a joint replacement?

Are you pregnant?

Is there any other health (**medical or dental**) information that we should know?

Signature

Initials & date _____