HODGES FAMILY & COSMETIC DENTISTRY
UPDATED PATIENT HEALTH HISTORY FORM

Today's Date: _____/_____/_____

Last Name	First Name	Middle Initial		SSN
Date of Birth	Sex	Height	Weight	Marital Status
Address		Zip Code	E-mail	
Home Phone	Cell Phone		Work Phone	
Occupation	Place of Employment		Driver's License	
Spouse's Name	Spouse's Employer		Spouse's Work Phone	
Dental Insurance	Group #		Subscriber's Name	
Subscriber's Employer	Subscriber's Date of Birth		Subscriber's SSN	
Name of Physician	Physician's Phone			
Emergency Contact Name	Emergency Contact Phone			

MEDICAL HISTORY

Have you ever been treated for the following (please check all that apply)?

☐ Heart Attack	☐ Heart Murmur	☐ Pacemaker	☐ Mitral Valve Prolapse
☐ Prosthetic Heart Valve	☐ Heart Surgery	☐ Fainting Spells	☐ Convulsions
☐ Nervous Disorders	☐ Mental Disorders	☐ Epilepsy	☐ Glaucoma
☐ High Blood Pressure	☐ Rheumatic Fever	☐ T.B.	☐ Emphysema
☐ Artificial Joints	☐ Bronchitis	☐ Asthma	☐ Stroke

☐ Cancer/Chemotherapy– Type/Date _____

☐ Radiation Treatment – Date _____

☐ Seizures	☐ Hepatitis	☐ Cirrosis	
☐ Herpes/Fever Blisters	☐ Jaundice	☐ Kidney Disease	☐ Arthritis
☐ Ulcers	☐ Diabetes Type I	☐ Diabetes Type II	☐ Anemia
☐ HIV/AIDS	☐ Leukemia	☐ History of Bleeding	
☐ Venereal Disease	☐ Thyroid Disorders	☐ Other _____	

Are you allergic to? ☐ Penicillin ☐ Codeine ☐ Aspirin ☐ Local injected anesthetics
☐ Latex ☐ Other_____

Are you pregnant? ☐ Yes ☐ No If yes, months?_____

Please list current medications, surgical procedures and/or hospitalizations (include dates and reason)

_____

Have you taken or are you currently taking medications known as bisphosphonates (Zoledronic Acid-Zometa, Pamidronate-Aredia, Fosamax)? If yes, please explain. _____

CONSENT FOR TREATMENT

This is to certify that I, the undersigned, consent to the performing of dental and oral surgical procedures agreed to be necessary or advisable, including local anesthetic, as indicated. I will assume responsibility for fees associated with dental procedures I agree to.

_____ _____

Patient's Signature Date