

MEDICAL/DENTAL HEALTH UPDATE - Please verify changes in your health status since your last dental visit.

DATE	CHANGE IN HEALTH	SIGNATURE	BLOOD PRESSURE
_____	YES / NO	_____	_____
_____	YES / NO	_____	_____
_____	YES / NO	_____	_____
_____	YES / NO	_____	_____
_____	YES / NO	_____	_____
_____	YES / NO	_____	_____
_____	YES / NO	_____	_____
_____	YES / NO	_____	_____
_____	YES / NO	_____	_____
_____	YES / NO	_____	_____
_____	YES / NO	_____	_____
_____	YES / NO	_____	_____
_____	YES / NO	_____	_____
_____	YES / NO	_____	_____
_____	YES / NO	_____	_____
_____	YES / NO	_____	_____

MEDICATIONS CURRENTLY BEING TAKEN:
