

MEDICAL HISTORY UPDATE

Dear Patient/Parent:

At this time it would be a good idea to update some information we have concerning you and your health. Please complete this form and return it before you leave today. If you have received this at home, please mail it back to us or bring it in at the next visit.

Name of patient: _____

REVIEW OF THE PATIENT’S MEDICAL HISTORY: Has there been any change of general health status or medication since treatment was started? If there is no change, please write “no change”:

Is there any health problem of which you wish to remind us? _____

Have you had any changes of address, telephone number, name, place of employment or insurance? If insurance has been obtained or changed, it would be best for us to obtain those benefits for you. Please update on the following lines. If there is no change, please write “no change”:

Person completing this update (please print): _____

If other than the patient, please indicate relationship: _____

Signature: _____ Date: _____

Thank you for your cooperation.