HENRY F. CUTTLER, D.D.S., P.C.

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HEALTH HISTORY UPDATE

Patient: ______________________________ Date: ________________

1. Have there been any changes in your health since you last visit?

____

____

2. Have there any changes in your dental insurance? If yes, please write.

____

3. Physician's name: ______________________________________

4. Have you been hospitalized since your last visit? ________________

   If yes, nature of problem: ______________________________

5. Any new illnesses? ______________________________________

____

6. Are you taking any medication(s) now? ______________________

   To treat: ____

   Name & dosage: _______________________________________

7. Do you have any allergies or reactions to any medications or drugs?

____

8. Women only: Are you pregnant? ________ If yes, due date: __________

9. Any other new diseases, conditions or problems you think we should know about? ____

____

Patient Signature: ____

Doctor Signature: ____