



MEDICAL HISTORY AND DEMOGRAPHIC UPDATE

Patient: _____ **Date:** _____

- There have been no changes in my child's medical history since their initial exam.
- Changes in my child's medical history are as follows:

Please list any medications that your child is taking:

- None
 - Medications: _____
-

Does your child have any drug allergies?

- No
 - Yes, please list: _____
-

Demographics Update:

Address: _____

City/State/Zip: _____

Best Phone Number: _____

Is your insurance still the same? YES NO

Yes, please send me email/text message reminders about my child's dental appointments.

Email Address: _____ Phone number to text: _____