



Medical History Update Form

Please update Young Dentistry on any changes on the following:

Phone number: _____

Email Address: _____

Home Address: _____

Medical/ Health changes:

Current medications: _____

New allergies to report? _____ Y _____ N

If yes, circle all that apply: Penicillin Aspirin Anesthesia Latex Food

Other: _____

Describe symptoms of reaction: _____

Any medical changes or any information that you would like to make us aware of that has not been covered? _____

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing inaccurate information can put my child's health at risk, and that it is my responsibility to inform Young Dentistry of any changes in my child's health status.

Child Name: _____ Date: _____

Parent Name: _____ Parent Signature: _____