RODEO DENTAL & ORTHODONTICS

Health History Update

Please complete this form and bring it to your appointment.

Fields marked with * are required.

Are you filling this form out for yourself or your child? *

☐ Myself ☐ Child

What is your name?

Only if "Are you filling this form out for yoursel..." is Myself
First name *

Only if "Are you filling this form out for yoursel..." is Myself
Last name *

Only if "Are you filling this form out for yoursel..." is Myself
What is your relationship to the patient? *

Contact Information *

Street address

Apt / Unit

City

State

ZIP

Home Phone

( ) -

Mobile Phone

( ) -

Email *

Do you have an emergency contact? *

☐ Yes ☐ No

Only if "Do you have an emergency contact?" is Yes
Emergency Contact Name *

Only if "Do you have an emergency contact?" is Yes
Emergency Contact Phone *

( ) -

Do any of the following conditions apply to you? We need this information to ensure we keep you healthy and safe. *

List below ☐ None

Are you currently taking any medications or supplements? *

List below ☐ None

Do you have any allergies you are aware of? (e.g. drug or latex allergies) *

☐ Yes ☐ No

Only if "Do you have any allergies you are aware o..." is Yes

Allergies *

List below

☐ None

Only if "patient age" is 14; Only if "gender" is male

Are you pregnant or think you may be pregnant? *

☐ Yes ☐ No ☐ I don't know

Only if "patient age" is 14

Do you use any recreational drugs?

☐ Yes ☐ No

Only if "patient age" is 14

Do you smoke?

☐ Yes ☐ No

Only if "Do you smoke?" is Yes

Approximately how much do you smoke per day?

Comments or additional information regarding your medical history?

Signature

Date

If you have dental insurance, has it changed since you last saw us? *

☐ Yes ☐ No

Only if "If you have dental insurance, has it chan..." is Yes

Do you still have dental insurance? *

☐ Yes ☐ No

Only if "Do you still have dental insurance?" is Yes

Can you provide a photo of the dental insurance card?

Please bring this with you — it cannot be attached to a paper form.

Only if "Do you still have dental insurance?" is Yes; Only if "If you have dental insurance, has it chan..." is Yes

For this dental insurance, is the patient the subscriber? *

☐ Yes ☐ No

Only if "For this dental insurance, is the patient..." is No

Subscriber's Name *

Only if "For this dental insurance, is the patient..." is No

Subscriber's SSN *

Only if "For this dental insurance, is the patient..." is No

Subscriber's Date of Birth *

MM / DD / YYYY

Only if "Do you still have dental insurance?" is Yes

Name of insurance company *

Only if "Do you still have dental insurance?" is Yes

Subscriber ID *

Only if "Do you still have dental insurance?" is Yes
Subscriber's Employer *

Only if "Do you still have dental insurance?" is Yes
Insurance Group Number *