

**Medical History and Insurance Update Form**

**Patient's Name:**

**Date:**

Since your last visit at Nottingham Dental

	No	Yes	If Yes, please explain												
Any change in health, recent surgery or hospitalization?															
Requires a new antibiotic prescription for dental appointment(including cleaning)?															
Are you taking any new medications or supplements(prescription and/or non-prescription) and for what specific conditions?			<table border="0"> <tr> <td></td> <td align="center">Medication</td> <td align="center">Condition</td> </tr> <tr> <td>1.</td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> </tr> </table>		Medication	Condition	1.			2.			3.		
	Medication	Condition													
1.															
2.															
3.															
Females only: Are you pregnant?															
Any changes in insurance?															

**Signature**