

*The Guter Center for Family & Cosmetic Dentistry*  
**Hans P. Guter, DDS • General Dentist**

**MEDICAL HISTORY UPDATE**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Number: \_\_\_\_\_

Do you have new dental insurance?

Are you currently under the care of a physician?

If yes please explain:

Name of physician and phone number:

Do you have any medical condition we should be aware of?

Have you been admitted to the hospital since your last visit?

If yes please explain:

Are you taking any medications? What?

Are you on a special diet?

Are you allergic to any medications or substances?

Aspirin\_\_ Penicillin\_\_ Codeine\_\_ Sulfa\_\_ Acrylic\_\_ Latex\_\_ Other\_\_

Have you seen a physician for any heart related problems?

Heart Murmur\_\_ Mitral Value\_\_ Rheumatic Fever\_\_

Heart Surgery\_\_ Heart Attack\_\_

Have you ever had a joint replacement?

Have you ever had any other serious illness not stated above?

Females: Pregnant/trying to get pregnant?

To the best of my knowledge, all the preceding answers are correct. If I have any changes in my health status or if my medicines change, I shall inform the dentist and staff at the next appointment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Staff: \_\_\_\_\_ BP: \_\_\_\_\_ Pulse: \_\_\_\_\_

Reviewed: \_\_\_\_\_ Staff: \_\_\_\_\_ BP: \_\_\_\_\_ Pulse: \_\_\_\_\_

Changes: \_\_\_\_\_