KEVIN PRUSH, D.D.S.
DIVERSIFIED DENTAL
Family Dentistry • Cosmetic Dentistry
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HEALTH HISTORY UPDATE

Patients Name: _____Patient's Phone Number: _____
Patient's DOB: _____Emergency Contact Name and Number: _____

Has there been any changes in you general health within the past year? (Circle one) Yes No
If yes, what is the condition you are being treated for?

Are you taking any Medication at this time? Yes No
If so, please list all prescriptions, over the counter medicines, vitamins and diet supplements

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Are you currently taking or been previously taken Oral Bisphosphonates?(Circle one) Yes No
Oral Bisphosphonates are medicines that slow down or prevent bone loss, strengthening bones. Fosamax,zometa, boniva
If yes, were you treated with intravenous bisphosphonates? Yes No

Do you have any allergies or adverse reactions to any medications? Yes No

Have you been told you need to Pre- Medicate with an Antibiotic prior to dental procedures? Yes No

Are you currently experiencing dental pain or discomfort? Yes No
Do you clench or grind your teeth? Yes No

X_____
Patient Signature Date

X_____
Signature of Reviewer Date