PATIENT HEALTH HISTORY UPDATE

Date _____

NAME _____

CURRENT ADDRESS _____

CURRENT PHONE NO. Home _____

Any changes in insurance coverage? ☐ Yes ☐ No ☐ N/A
If yes, please give benefits card to receptionist.

Since your last visit with us, have you:

1. Had any health problems diagnosed? If so, what?
   - ☐ No
   - ☐ Yes, please list _____
2. Had any surgery? If so, what?
   - ☐ No
   - ☐ Yes, please list _____
3. Any change in your medications?
   - ☐ No
   - ☐ Yes, please list _____
4. Contracted or been exposed to any infectious diseases?
   - ☐ No
   - ☐ Yes, please list type _____
5. Have you been hospitalized?
   - ☐ No
   - ☐ Yes, please give details_____
6. Any health problems we should know about? Please specify below:

_____