

PATIENT INFORMATION UPDATE QUESTIONNAIRE

In our effort to maintain current records, we ask that you please review and respond to the following questions and provide your most current information

1. Patient Name _____ Date of Birth _____

2. Has your home address changed in the last 2 years? Yes No

If yes, please provide current address _____

3. What is your current best contact phone number?

(Circle *home work mobile*) _____

4. What is your current email address? _____

5. Has your emergency contact information changed? Yes No

If yes, please provide current information _____

6. Has there been a change in your health (ie – pregnancy, newly diagnosed condition)? Yes No

If yes, please provide updated information _____

7. Has there been a change in your medical provider (ie – family doctor)? Yes No

If yes, please provide updated information _____

8. Do you have dental insurance? Yes No

If yes, is this the first time you've had dental insurance? Yes No

9. Has your dental insurance company or plan benefits changed since your last visit? Yes No

If yes, please provide updated information _____

10. Are you taking any new medication? Yes No

If yes, please provide medication _____

11. Have you had any dental problems since your last appointment? Yes No

If yes, please provide information _____

Signature (if minor, signature of guardian)

Date