



4701 183A Toll Rd., Suite C,
Cedar Park, TX 78613
P: 512.593.7998
F: 512.717.3396

MEDICAL HISTORY UPDATE FORM

Child's Name _____ Nickname _____

Has there been any changes to your child's health since the last dental appointment? **Yes No**

If yes, please explain

Is your child taking any new medications that were not previously reported to us? **Yes No**

If yes, please list changes

Does your child have any allergies or adverse reactions to medications? **Yes No**

If yes, please describe

Signature _____ Relationship to child _____

Doctor Signature _____ Date _____