

385 South Maple Avenue
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Glen Rock, NJ 07452



Office: (201) 652-2707
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Medical History Update Form

Today's Date: _____

Patient: _____

Any Medical Conditions/Surgeries: _____

Any Medications Patient Is Taking: _____

Asthma: YES NO

Allergies: _____

X-rays ok? _____ Fluoride ok? _____

Please List Any Concerns You Would Like Us To Pay Close Attention to at Today's Visit:

Insurance changes? YES NO _____

Address changes? YES NO _____

Phone Number changes? YES NO _____

Signed: _____

(Parent or Guardian)

Signed: _____

(Staff Member)