R U SMILING DENTAL

10 Dundas St E, Unit B102, Toronto, ON M5B 2G9
647-343-1171 · info@rusmilingdental.com

Medical history update

DATE

Please print clearly in blue or black ink, and tick every box that applies.

MEDICAL HISTORY UPDATE

PATIENT NAME

DATE OF BIRTH

MOBILE PHONE

- Has there been any change in your health, such as any serious illnesses, hospitalizations or new allergies? ☐ Yes ☐ No
  - If yes, please explain.
- Are you taking any new medications or have there been any change in your medications? ☐ Yes ☐ No
  - If yes, please explain.
- Have you had a new heart problem diagnosed or had any change in an existing heart problem? ☐ Yes ☐ No
  - If yes, please explain.
- When was your last medical checkup?
- Were any problems identified? ☐ Yes ☐ No
  - If yes, please explain.
- Are you breastfeeding or pregnant? ☐ Yes ☐ No ☐ Not applicable
  - If pregnant, what is the expected delivery date?

I certify that the medical and dental information I provided is accurate and complete to the best of my knowledge. I understand that this information is important for safe care, and I agree to notify R U Smiling Dental about future changes in my health, allergies or medications.

☐ Yes, I accept

PATIENT/PARENT/GUARDIAN/SUBSTITUTE DECISION-MAKER NAME

RELATIONSHIP TO PATIENT, IF APPLICABLE

SIGNATURE

DATE