

CONGERS DENTAL ARTS

Andrew Basta, D.M.D

Robert Henner, D.M.D

1 Sheridan Avenue
Congers, NY 10920
(845)268-3828

Patient Medical Update

Print Name: _____

Address: _____

Home #: _____ Work #: _____ Cell #: _____

Social Security #: _____

1. Have there been any changes in your health since your last visit to the office? No ___ Yes ___

If YES, please explain: _____

2. Are you taking any **Medications** regularly? No ___ Yes ___

If YES, please explain for what treatment:

3. Are you **ALLERGIC** to any medications? No ___ Yes ___

If YES, please explain: _____

4. Is your **Blood Pressure** normal? No ___ Yes ___

5. Do you have any **Heart Conditions**, including Mitral Valve Prolapsed, Damaged Valves, or Murmur? No ___ Yes ___

If YES, please explain: _____

6. Do you have any artificial joints (hip, knee, etc)? No ___ Yes ___

7. Do you need to **Premedicate** before dental treatment (Antibiotics)? No ___ Yes ___

8. Do you have **HIV, AIDS, HEPATITIS** or any **Related ILLNESS**? No ___ YES ___

If YES, please explain: _____

9. Are there any **Cosmetic** or **Functional** problems with your teeth? No ___ Yes ___

If YES, please explain: _____

10. Has your **insurance information** changed: No ___ Yes ___

Signature _____

Date _____