COLLEGE OF REGISTERED DENTAL HYGIENISTS OF ALBERTA

Health History Updates

Please review your previous medical history (dated: ______ ______ /______/) and advise us if there are any changes.
Year Month Day

Height:	Weight:	Blood Pressure:	Pulse:	Resp:

1. Has there been any change in your health, such as serious illnesses, surgeries, hospitalizations, or new allergies?

❏ YES ❏ NO ❏ NOT SURE

If yes, please explain: ______________________________

____

2. Are you taking any new medications (both prescription and non-prescription) or has there been any change in your medications?

❏ YES ❏ NO ❏ NOT SURE

If yes, please explain: ______________________________

____

3. Have you had a heart murmur diagnosed or had any change in an existing cardiac problem or murmur?

❏ YES ❏ NO ❏ NOT SURE

If yes, please explain: ______________________________

____

To the best of my knowledge, the above information is correct.

Client/Parent/Guardian Signature: ______________________________ Date: ______________

Reviewed By: ______________________________ (DDS, RDH) Date: ______________