

DURANGO DENTAL ASSOCIATES
3235-A North Main Avenue ~ Durango, CO 81301
(970)259-3112

HEALTH HISTORY FORM INSTRUCTIONS

1. **Dental History Section:** Provide the information on the patient and the reason for the visit. If the patient is a minor (under the age of 19) please have a parent complete this form. Circle each answer as it applies to the best of your knowledge.

2. **Medical History Section:**
 - a. Circle each answer as it applies.
 - b. If you are taking several medications and/or substances, please provide a detailed list on a separate sheet which includes your full name, the medication name, dosage and purpose of the medications or substances you are taking, and bring the list to your appointment. Put "See Attached List" on the medications line. *There is a great web site for keeping track of your medications and it is free. The name is mymedschedule.com.*
 - c. If you are allergic to any medications and/or substances not listed, please provide the name of the medication and/or substance on the line provided.
 - d. In the medical history section, please check each box yes or no.

3. Sign and date your form.

The "Medical Updates" section is reserved for future use.

Please do not hesitate to contact our office with any questions or concerns you may have regarding your dental appointment.

THANK YOU.