

Updating Recall Patient Information

Updated By: Julie MaryAnn Loretta Valerie

Patient Name: _____ **Today's Date:** _____

Is the PCP same? y Yes y No **Is the employer the same?** y Yes y No

If No, please retrieve new info: _____

Is the address the same? y Yes y No **Is phone# same?** y Yes y No

If No, please retrieve new info: _____

Is the insurance the same? y Yes y No

If Yes, please verify insurance company & numbers written on card!!!

If No, please ask patient to photocopy front & back of insurance card and mail/fax it in.

Medical Update:

Dr. must review:

Have you had a Heart Attack or Stroke since our last exam? y Yes y No

Are you taking Coumadin, Plavix or any blood thinning medication? y Yes y No

Why? _____

Do you have an Artificial Heart Valve? y Yes y No

Do you have a Pacemaker? y Yes y No **Is it a Defibrillator?** y Yes y No

Are you on Dialysis?. y Yes y No

Are you told to take antibiotics before you see the dentist? y Yes y No

Have you had an artificial joint implanted within the past 2 years? y Yes y No

Are you allergic to Penicillin, Keflex, Clindamycin? y Yes y No

Do you have Diabetes? Pills Insulin Protocol Given: y Yes y No

Do you have Sleep Apnea? y Yes y No

Told to bring C-PAP machine with them?

Educational packet sent explaining exam? y Yes y No