

PRECILYN B. SILVESTRE, DDS

5910 Thornton Ave. Suite B Newark, CA 94560

PATIENT'S NAME:	HEALTH HISTORY UPDATE
Date	
Has there been any change in the patient's health since For what conditions?	
	if so, what?
Any Allergies? Yes or No	pills (a drug used for Osteoporosis or similar disease) Yes or No
Please provide name and phone number of your Physician	an:
Your Emergency Contact's name and phone number:	
Patient's Signature	Staff Initials
only if there's a change: Address:	
Contact Phone/s:	E-mail:
Data	
Date	
Has there been any change in the patient's health since	
For what conditions?	
	if so, what?
	pills (a drug used for Osteoporosis or similar disease) Yes or No
Any Allergies? Yes or No	
	an:
Patient's Signature	Staff Initials
	Stail illitials
	E-mail:
contact i nonc/s	L-11Idili
Date	
Has there been any change in the patient's health since	the last dental visit? ☐ Yes ☐ No
For what conditions?	
	if so, what?
Any Allergies? Yes or No	pills (a drug used for Osteoporosis or similar disease) Yes or No
Please provide name and phone number of your Physici	an:
Your Emergency Contact's name and phone number:	
Patient's Signature	Staff Initials
only if there's a change: Address:	F-mail·
Contact Phone/s	F-mail·



PRECILYN B. SILVESTRE, DDS

5910 Thornton Ave. Suite B Newark, CA 94560

Date
Has there been any change in the patient's health since the last dental visit? ☐ Yes ☐ No
For what conditions?
Is the patient taking any new medications? if so, what?
Have you ever taken or currently take Bisphosphonate pills (a drug used for Osteoporosis or similar disease) Yes or I Any Allergies? Yes or No
Please provide name and phone number of your Physician :
Your Emergency Contact's name and phone number:
Patient's Signature Staff Initials
only if there's a change: Address:
Contact Phone/s:E-mail:
Date
Has there been any change in the patient's health since the last dental visit? ☐ Yes ☐ No
For what conditions?
Is the patient taking any new medications? if so, what?
Have you ever taken or currently take Bisphosphonate pills (a drug used for Osteoporosis or similar disease) Yes or I Any Allergies? Yes or No
Please provide name and phone number of your Physician :
Your Emergency Contact's name and phone number:
Patient's Signature Staff Initials
only if there's a change: Address:
Contact Phone/s:E-mail:
Date
Has there been any change in the patient's health since the last dental visit? ☐ Yes ☐ No
For what conditions?
Is the patient taking any new medications? if so, what?
Have you ever taken or currently take .Bisphosphonate pills (a drug used for Osteoporosis or similar disease) Yes or
Any Allergies? Yes or No
Please provide name and phone number of your Physician :
Your Emergency Contact's name and phone number:
Patient's Signature Staff Initials
only if there's a change: Address:
Contact Phone/s: E-mail: