



Please answer all questions.

Health History Update Form

Child's Name: _____

8 Name _____

Guardian's Phone Number: _____

Guardian's Email Address: _____

Has your insurance changed in the last 6 months? Yes No

Health History

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Our office is committed to meeting or exceeding the standards of infection control mandates by OSHA, the CDC and the ADA. @ _____ @ _____
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Relationship of the patient: _____

III. Signature of Parent/Guardian #  icon on the toolbar _____