

# MEDICAL RECARE UPDATE

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## RECARE UPDATE: MEDICAL HEALTH HISTORY CONFIRMATION FORM

As required by law, our office adheres to written policies and procedures to protect the privacy of information about you that we create, receive, or maintain. Your answers are for our records only and will be kept confidential subject to applicable laws. Please note that you will be asked some questions about your responses to this questionnaire and there may be additional questions concerning your health. This information is vital to allow us to provide appropriate care for you. This office does not use this information to discriminate.

**I confirm there are NO CHANGES in my medical history, allergies and/or medications since my last dental exam.**

I certify that I have read and understand that the information given on this abbreviated form is accurate. I understand the importance of truthful health history and that my dentist and his/her staff will rely on this information for treating me. I acknowledge that my questions, if any, about inquiries set forth above have been answered to my satisfaction. I will not hold my dentist, or any other member of his/her staff, responsible for any action they take or do not take because of errors or omissions that I may have made in the completion of this form.

**I understand that I will be required to update ALL FORMS IN THEIR ENTIRETY when I am due for my Comprehensive Exam (every 3-5 years), as necessary for my dentist's standard of care.**

Signature of Patient/Responsible Party:

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2024