DEMO FORM - FICTIONAL PRACTICE - NOT A REAL MEDICAL OR LEGAL DOCUMENT

Northline Family Dental | (555) 012-4400

Health History Form

Paper only. Fill this in by hand and give it to the front desk.
Please do not email it, photograph it, or upload it anywhere.

Patient

Full name _____

Date of birth _____

General health

Physician name _____

Medications _____

_____

Allergies _____

Please check any that apply

- ☐ Heart condition
- ☐ Diabetes
- ☐ High blood pressure
- ☐ Pregnant or nursing
- ☐ Prior reaction to dental anesthetic
- ☐ Other (please tell the dentist in person)

Signature _____

Date _____

Sample PDF for a website template demo. Northline Family Dental, its staff, and its policies are made up.