

List Medications (Prescription & Non-Prescription):

Notes:

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**Y N Is there any disease, condition, or problem that you think this office should know about that is not covered above?
If Yes, please describe below:**

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Notes:

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By signing below, I certify that I understand this medical health history form and the importance of its accuracy. I have answered the questions to the best of my knowledge and will not hold Johnson & Montoya Dental, P. C. responsible for any errors or omissions I may have made in completing it.

Signature: _____ **Date:** _____
(Parent or Legal Guardian if Under 18 Years of Age)