



Kasia Lindhorst, DDS, MSD, Inc.  
902 Frostwood, Suite 201  
Houston, TX 77024  
713-461-1509

Patient's Name \_\_\_\_\_ Date \_\_\_\_\_

Is there any change in medical history?      **Yes**   **No**  
If YES please explain: \_\_\_\_\_  
\_\_\_\_\_

Has there been any change in address or phone number?   **Yes**   **No**  
If yes, please print new information  
\_\_\_\_\_  
\_\_\_\_\_

**NEW PHONE:**    Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
                         Office: \_\_\_\_\_

Has there been any change in Dental Insurance coverage?      **Yes**   **No**  
If yes, name of new Insurance Company \_\_\_\_\_

Please circle any **current** patient's habits- Thumb/finger sucking, pacifier,  
nail biting, teeth grinding, tongue thrust, speech therapy, mouth breathing

Are there any dental problems you are concerned about?      **Yes**   **No**  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

This updated information is required by the Dental Practice Act of Texas Chapter 9, title  
71 civil statutes of the state of Texas. **Thank you for helping us comply!**

---