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Health History Vital in Assessing Patients, Reducing Risk

By TDIC Risk Management Staff

Health history forms are standard in dental offices, but they are one of the most overlooked documents in dental records, according to an analysis by the American Dental Association.

An unclear or out-of-date health history is the No. 2 record-keeping error in dental malpractice proceedings based upon a survey by the ADA of 14 professional liability carriers. (Lack of a treatment plan is listed as the No. 1 record-keeping error.)

Analysts at The Dentists Insurance Company emphasize the importance of a complete and legible health history that is reviewed and updated at every appointment.

"This is essential for all patients, and especially for older patients who may have complicated histories, multiple medications and may be more susceptible to adverse drug reactions," said Carla Christensen, a senior risk management analyst with TDIC.

"The health history form is a routine and substantial document, and a missing, partially complete or out-of-date form in the patient's chart will immediately call into question the credibility of the provider," said Christensen. "If a dentist fails to gather sufficient information then how can one argue that appropriate care was provided?"

An accurate health history reveals crucial information about health conditions and medications that could affect dental treatment. Or, vice versa, the health history could alert a dentist that dental treatment could affect a patient's health condition.

"Because the dentist must initial the form, there is no excuse for an incomplete health history," said Christensen. "The dentist is ultimately responsible for reviewing the health history with the patient and asking questions about any areas of concern or speculation."

Getting a broad picture of a patient's health requires a combination of information including both dental and medical health history. "Unfortunately, dentists may inquire about one without checking the other," said Christensen.

The significance of a complete inventory of patients' medications increased in 2003 when potential dental complications surfaced related to prescriptions such as Fosamax (alendronate) or Actonel (risedronate) and intravenous bisphosphonates such as Aredia or Zometa. The ADA in 2006 issued Expert Panel Recommendations: Dental Management of Patients on Oral Bisphosphonate Therapy and updated the recommendations in 2011 in Managing the Care of Patients Receiving Antiresorptive Therapy for Prevention and Treatment of Osteoporosis.

In the update, authors used the term "antiresorptive therapy" instead of "bisphosphonates" because "at least one case of osteonecrosis of the jaw had been associated with a newer drug for osteoporosis, denosumab, which is not a bisphosphonate," according to Medscape Medical News.

A complete health history includes specific reference to bisphosphonates as they are associated with osteoporosis, Paget's disease, multiple myeloma or metastatic cancers, and TDIC strongly recommends consultation with the patient's physician regarding these medications. TDIC offers policyholders a confidential health history form that addresses bisphosphonate use. Available in English and Spanish, the form is in the recordkeeping section online at thedentists.com.

If a patient is uncertain about medications, ask the patient or caregiver to bring them to the dental office. Write down all medications, dosage and associated health conditions. Flag the entry for review every visit.

Asking patients a few key questions can help trigger a memory about something potentially not noted on the health history. Analysts suggest open-ended questions in addition to inquiries requiring a yes or no response. For instance:

- I see you take medication for high blood pressure — has your physician changed your dosage recently?
- Have there been any changes in your medications?
- You have osteoporosis listed on your health history. Are you taking any medication such as Fosamax?
- Do you take any over-the-counter medications or herbal supplements routinely?
- Have you experienced any allergic reactions?

The issues associated with a lack of a complete health history can be far-reaching and limit a provider's ability to recognize allergies or be aware of medically compromised patients who should not be treated without clearance from their physicians.

Failing to obtain the name and contact information of the patient's physician is especially problematic.

"Dentists frequently find themselves debating whether premedication is required based on current ADA and AHA guidelines when they should be asking the patient's primary care physician or specialist for specific instruction," said Christensen.

Dentists must use caution regarding medications out of their scope of practice and consult the patient's physician.

"If a dentist does not consult the physician and advises a patient to discontinue a medication such as Coumadin prior to dental treatment, then it is tantamount to practicing medicine without a license."

TDIC recommends the following health history guidelines:

- Obtain a complete health and dental history for each patient, including vital statistics and all medications.
- Ask key questions about health history to clear up missing or vague information.
- If a patient is not certain about medications, ask the patient to bring all medications to the dental appointment. Document all medications including dose and associated health conditions.
- Ensure that the form is legible and writing is not crowding into the margins. Attach an additional form if necessary.
- Update the health history each visit, asking about any changes in health and medications. Date and initial the review.
- Ask the patient to date and initial updates to the health history. The patient should fill out a new form if the current one becomes difficult to read.
- If it has been two to three years since treatment, consider asking the patient to complete a new health history.
- Obtain a new health history on minor patients once they turn 18.
- Attach new forms to the old health history. Do not discard the previous health history.
- Every two years, check with your local dental society or professional liability carrier for any required changes to the form.

TDIC's Risk Management Advice Line can be reached at 800.733.0634.