Medical Center: 1831 North Fayetteville Street • Asheboro, NC 27203
Phone: 336-672-1300 / Fax: 336-672-3044

Dental Center: 308 Brewer Street • Asheboro, NC 27203
Phone: 336-610-7000 / Fax: 336-610-7003

MEDICAL HISTORY

Patient Name: ____ Date: ______________________

Are you under a physician's care? [ ] Yes [ ] No
If yes, please list physician's name and phone number: ____

Are you currently taking any medications? [ ] Yes [ ] No
If yes, please list: ____

Are you on a special diet? [ ] Yes [ ] No Please explain: ____

Do you use any type of tobacco? [ ] Yes [ ] No How often? ____

Are you a current smoker? [ ] Yes [ ] No Are you a former smoker? [ ] Yes [ ] No

Do you use any controlled substances? [ ] Yes [ ] No

Please list all surgeries: ____

Are you pregnant or trying to conceive? [ ] Yes [ ] No If yes, what is your approximate due date? ____________

Are you taking oral contraceptives? [ ] Yes [ ] No

PLEASE CHECK ONLY THE ONES THAT APPLY If None Apply, Please Check Here: [ ]

[ ] AIDS/HIV Positive	[ ] Cold Sores/Blisters	[ ] Heart Pace Maker	[ ] Pain in Jaw Joints/TMJ
[ ] Alzheimer's	[ ] Convulsions	[ ] Hemophilia	[ ] Psychiatric Care
[ ] Anaphylaxis	[ ] Congenital Heart Disorder	[ ] Hepatitis A, B or C	[ ] Rheumatic Fever
[ ] Angina	[ ] Cortisone Medicine	[ ] High Blood Pressure	[ ] Scarlet Fever
[ ] Arthritis/Gout	[ ] Frequent Headaches	[ ] High Cholesterol	[ ] Shingles
[ ] Artificial Heart Valve	[ ] Diabetes	[ ] Hives/Rash	[ ] Sinus Trouble
[ ] Artificial Joint(s)	[ ] Emphysema	[ ] Intestinal/Stomach Disease	[ ] Stroke
[ ] Asthma/Breathing Problems	[ ] Endocarditis	[ ] Kidney/Bladder Problems	[ ] Thyroid Disease
[ ] Blood Disease	[ ] Epilepsy/Seizures	[ ] Leukemia	[ ] Tumors
[ ] Blood Transfusion(s)	[ ] Excessive Bleeding	[ ] Liver Disease	[ ] Tuberculosis
[ ] Bruise Easily	[ ] Fainting Spells/Dizziness	[ ] Lung Disease	[ ] Ulcers
[ ] Cancer	[ ] Hay Fever/Seasonal Allergies	[ ] Mitral Valve Prolapse	[ ] Venereal Disease (STD)
[ ] Chemotherapy/Radiation	[ ] Heart Attack Disease	[ ] Osteoporosis	[ ] Yellow Jaundice
[ ] Chest Pains	[ ] Heart Murmur	[ ] Overuse of Drugs/Alcohol	

[ ] Other: ____

ALLERGIES

[ ] Acrylic [ ] Aspirin [ ] Codeine [ ] Penicillin [ ] Local Anesthetics [ ] Metal [ ] Latex

[ ] Sulfa [ ] Other ____

CHECK ALL THAT APPLY If none apply, please check here [ ]

[ ] Abscess [ ] Bite Nails [ ] Teeth Grinding [ ] Loose Teeth [ ] Food Traps [ ] Bleeding Gums
[ ] Dry Mouth [ ] Missing Teeth [ ] Bad Breath [ ] Difficulty Chewing [ ] Sensitive Gums [ ] Bad Taste
[ ] Gag Easily [ ] Sensitive to Hot/Cold [ ] Chew on One Side