



Graystone Family Dental
 3421 Graystone Pl SE
 Conover, NC 28613
 (828)328-3418

Medical History

Patient Name: _____

Date: _____

Health problems that you may have, or medication that you may be taking, could have an important interrelationship with dentistry you will receive. Thank you for answering the following questions.

- Are you under a physician's care now? Yes___ No___ DR Name: _____
- Have you ever been hospitalized or had a major operation? Yes___ No ___
If yes? _____
- Have you ever had a serious head or neck injury? Yes___ No ___
- Are you taking any medications, pills or drugs? Yes___ No ___
If so, what _____
- Do you take or have you taken Phen-Fen or Redux? Yes ___ No ___
- Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonate? Yes__ No ___
- Do you use tobacco? Yes __ No ___ How many a day? _____
- Are you pregnant, trying, or nursing? Yes ___ No ___ Are you taking contraceptives? Yes ___ No ___

Do you have any allergies? Yes ___ No ___

Penicillin/antibiotics ___ Aspirin___ Local anesthetics ___
 Codeine or narcotics ___ Latex ___ Metal ___ Sulfa drugs___ Other _____

Do you use controlled substances? Yes ___ No ___ If yes? _____

Do you have, or have you had, any of the following? Yes___ No ___

Chicken pox ___ Meningitis ___ Tuberculosis ___ Sexually transmitted disease (STD) ___
 HIV ___ Hepatitis (A, B or C) _____

Do you have, or have you had, any of the following?

Diabetes	Hypertension	High Cholesterol	Pacemaker	Herpes	
Hypoglycemia	Breathing problems	Pain in Jaw	Frequent Cough	osteoporosis	
Anemia	Cancer	Glaucoma	Heart troubles	Heart attack/failure	
Angina	Chemotherapy	Heart murmur	Parathyroid disease	Hemophilia	
Arthritis	Chest pains	Kidney problems	Anaphylaxis	Leukemia	
Artificial heart valve	Convulsions	Liver disease	Frequent Diarrhea	Hives or rash	
Artificial Joint	Drug adiction	Lung disease	Renal Dialysis	Rheumatism	
Asthma	Epilepsy or seizures	Herpes zoster	Sinus trouble	Stroke	
Blood disease	Excessive thirst	Ulcers	Tumors		
Blood Transfusion	Fainting spells/dizziness	Emphysema	Other:		

I understand that providing incorrect information can be dangerous to me and it is my responsibility to inform the dental office of any changes in my medical status

Signature of patient, parent or guardian