

File No: [814

Name: James Ples			
Mobile no.: 614 2044 0281 Email: James rees 2008@ hotor ail. co. uh			
Date of Birth: 26/8/90 Sex: M OF	Nationality: Australian / Ch		
How do you know about us?	O Ne	ewspaper	os Others
MEDICAL HISTORY			
是这种情况,我们就是我们的是我们的的人,我们也不是一个人的。""我们是我们的,我们就是这个人的,我们也没有一个人的,我们也不是一个人的。""我们也不是一个人的, 第一个人的,我们就是我们的是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们			
Certain medical conditions can affect dental treatment and vice ve	ersa.		
Please complete this form by answering the questions.			
Chief Complaint:			
All details will be strictly confidential.	Yes	No	Others, Please Specify
Are you under a physician's care now?		/	
Are you taking any medications, pills, or drugs?			
Have you ever been hospitalized or had a major operation?		/	
Have you ever had any complications following dental treatment?		>	
Are you a smoker?			
Do you have, or have you had any of the following			
○ High Blood Pressure ○ Low Blood Pressure ○ Rheumatic Feve	r		Fainting / Seizures
Asthma Heart Attack Epilepsy	Leukemia		
○ Heart Disease ○ Kidney Disease ○ Liver Disease	 Lung Disease 		
○ Thyroid Problem ○ Diabetes ○ Tuberculosis	O Hepatitis/Jaundice		
○ Stroke ○ Arthritis ○ Cancer			AIDS/HIV Infection
○ Creutzfeldt–Jakob disease (CJD) ○ Others, Please S	pecify		
Are you allergic, or have you reacted adversely to any of the following:	Yes	No	Others, Please Specify
Local anesthetics (Novocaine)		/	
Penicillin or other antibiotics			
Asperin or Ibuprofen			
Reactions to metals		/	
Latex or rubber dam			
Foods		/	
Additional questions for women.	Yes	No	Others, Please Specify
Are you pregnant or trying to get pregnant?			
if yes, expected delivery date:			
Are you taking oral contraceptives?			
PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR C	URREN	T PAIN IN	TENSITY
NO HURT HURTS HURTS HURTS HURTS HURTS WHOLE LOT WORST No Pain Moderate Pain Worst Pain			
0 1 2 3 4 5 6	7	Q	9 10