

Reactions to metals

Latex or rubber dam

Additional questions for women.

if yes, expected delivery date: _____ Are you taking oral contraceptives?

Are you pregnant or trying to get pregnant?

Foods

1824 File No: Mobile no .: +44 75 OF Nationality: Date of Birth: 17 Sex: OM How do you know about us? Family or Friends ○ Internet Newspapers Others **MEDICAL HISTORY** Certain medical conditions can affect dental treatment and vice versa. 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 Fever Fainting / Seizures **Epilepsy** Leukemia Asthma Heart Attack **Heart Disease** Kidney Disease Liver Disease Lung Disease Thyroid Problem Diabetes **Tuberculosis** Hepatitis/Jaundice Stroke Arthritis AIDS/HIV Infection Cancer Others, Please Specify. Creutzfeldt-Jakob disease (CJD) Are you allergic, or have you reacted adversely to any of the following: Yes Others, Please Specify No Local anesthetics (Novocaine) Penicillin or other antibiotics Asperin or Ibuprofen

PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR CURRENT PAIN INTENSITY

No

Others, Please Specify



To the best of my knowledge, all of the preceding answer and information provided are true and correct. If I ever have any change in my health, I will inform the doctor at the next appointment without fail.