

File No: 1819

Please complete this form by answering the questions.							
Date of Birth: 21,07.1958   Sex: OM OF Nationality: Others	Name: ASUWINI KULKAR	INS					
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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.  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 been hospitalized or had a major operation?  Are you a smoker?  Do you have, or have you had any of the following  High Blood Pressure  Low Blood Pressure  Asthma  Heart Attack  Epilepsy  Leukemia  Heart Disease  Kidney Disease  Liver Disease  Liver Disease  Lung Disease  Thyroid Problem  Diabetes  Tuberculosis  Hepatitis/Jaundice  Stroke  Arthritis  Cancer  AIDS/HIV Infection  Creutzfeldt—Jakob disease (CID)  Others, Please Specify  Are you allergic, or have you reacted adversely to any of the following:  Yes  No  Others, Please Specify  Additional questions for women.  Are you pregnant or trying to get pregnant?  if yes, expected delivery date:  Are you taking oral contraceptives?	Pate of Birth: 21,07-1958 Sex: OM OF			Nationality: 1001A0			
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