

File No: 1842

| Mobile no.: \$\frac{\text{Nationality}}{\text{Part in the part of gradients}} \text{Email: } \text{Zest an abmee multiple and the part of gradients} \text{Sex: } \text{QM of part Nationality} \text{Past of gradients} \text{Please Complete this form by answering the questions.} \text{MEDICAL HISTORY} \text{Version of the same of gradients} \text{Qouter the same of gradients} \text{Qouter of the same of gradients} \text{Quest of gradients} Quest o | UU DEITINE CEITTIC | File No. | |
|---|--|---|--|
| Mobile no: | Name: Zeeshan Ahmeel | | |
| Date of Birth: 15/1/18 / Sex: MM F Nationality: Ordinary Priends Internet Newspapers Ofthers MEDICAL HISTORY | | rahmeel muhammael Bashirle | |
| MEDICAL HISTORY Certain medical conditions can affect dental treatment and vice versa. Please complete this form by answering the questions. hief 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 ben hospitalized or had a major operation? Have you ever ben 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 Low Blood Pressure Asthma Heart Attack Epilepsy Loukemia Heart Disease Liver Disease AIDS/HIV Infection Tryroid Problem Diabetes Tribrroid Problem Diabetes Stroke Arthritis Cancer AIDS/HIV Infection Creutzfeldt-Jakob disease (CID) Are you allergic, or have you reacted adversely to any of the following: Local anesthetics (Novocaine) Penicillin or other antibiotics Asperin or Ibuprofen Reactions to metals Latex or rubber dam Foods Additional questions for women. 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 CURRENT PAIN INTENSITY Worst Pain Moderate Pain Worst Pain | | | |
| Please complete this form by answering the questions. hief 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 had any complications following dental treatment? Are you a smoker? Do you have, or have you had any of the following High Blood Pressure | | net O Newspapers Others | |
| Please complete this form by answering the questions. hief 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 had any complications following dental treatment? Are you a smoker? Do you have, or have you had any of the following High Blood Pressure Asthma Heart Attack Epilepsy Leukemia Heart Disease Kidney 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: Ves No Others, Please Specify Penicillin or other antibiotics Asperin or Ibuprofen Reactions to metals Latex or rubber dam Foods Additional questions for women. Are you taking oral contraceptives? PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR CURRENT PAIN INTENSITY No Pain Moderate Pain Worst Pain Worst Pain Worst Pain Worst Pain | MEDICAL HISTORY | | |
| hief 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? Have you aver 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 Leukemia Heart Disease Liver Disease Liver Disease Lung Disease Tuberculosis Hepatitis/Jaundice Cancer AIDS/HIV Infection Creutzfeldt—Jakob disease (CID) Others, Please Specify Are you allergic, or have you reacted adversely to any of the following: Ves No Others, Please Specify Others, Please Specify Are you allergic, or have you reacted adversely to any of the following: Ves No Others, Please Specify Additional questions for women. Are you taking oral contraceptives? PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR CURRENT PAIN INTENSITY Worst Pain Worst Pain | Certain medical conditions can affect dental treatment and | d vice versa. | |
| 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 had any complications following dental treatment? Are you a smoker? Do you have, or have you had any of the following High Blood Pressure | Please complete this form by answering the questions. | | |
| 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 had any complications following dental treatment? Are you a smoker? Do you have, or have you had any of the following High Blood Pressure | Chief Complaint: | | |
| 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 | All details will be strictly confidential. | Yes No Others, Please Specify | |
| 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 Asthma Heart Attack Epilepsy Leukemia Heart Disease Kidney Disease Liver Disease Liver Disease Liver Disease Thyroid Problem Diabetes Tuberculosis Hepatitis/Jaundice Arthritis Cancer AIDS/HIV Infection Creutzfeldt—Jakob disease (CID) Are you allergic, or have you reacted adversely to any of the following: Ves 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. Are you taking oral contraceptives? PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR CURRENT PAIN INTENSITY PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR CURRENT PAIN INTENSITY No Pain Moderate Pain Moderate Pain Worst Pain | Are you under a physician's care now? | | |
| 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 | Are you taking any medications, pills, or drugs? | | |
| Are you a smoker? Do you have, or have you had any of the following High Blood Pressure | Have you ever been hospitalized or had a major operation? | | |
| Do you have, or have you had any of the following High Blood Pressure | Have you ever had any complications following dental treatment? | | |
| High Blood Pressure | Are you a smoker? | | |
| Asthma | Do you have, or have you had any of the following | | |
| Heart Disease Kidney Disease Liver Disease Lung Disease Thyroid Problem Diabetes Tuberculosis Hepatitis/Jaundice Stroke Arthritis Cancer AIDS/HIV Infection Creutzfeldt-Jakob disease (CJD) Others, Please Specify Are you allergic, or have you reacted adversely to any of the following: Local anesthetics (Novocaine) Penicillin or other antibiotics Asperin or Ibuprofen Reactions to metals Latex or rubber dam Foods Additional questions for women. 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 CURRENT PAIN INTENSITY PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR CURRENT PAIN INTENSITY No Pain Moderate Pain Worst Pain | ○ High Blood Pressure ○ Low Blood Pressure ○ Rheun | natic Fever Fainting / Seizures | |
| Thyroid Problem Diabetes Tuberculosis Hepatitis/Jaundice Stroke Arthritis Cancer AIDS/HIV Infection Creutzfeldt-Jakob disease (CJD) Others, Please Specify 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. 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 CURRENT PAIN INTENSITY PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR CURRENT PAIN INTENSITY No Pain Moderate Pain Worst Pain | Asthma Heart Attack Epilep | sy Leukemia | |
| Stroke Arthritis Cancer AlDS/HIV Infection Creutzfeldt–Jakob disease (CJD) Others, Please Specify 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. 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 CURRENT PAIN INTENSITY PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR CURRENT PAIN INTENSITY No Pain Moderate Pain Worst Pain | ○ Heart Disease ○ Kidney Disease ○ Liver I | Disease Lung Disease | |
| Creutzfeldt–Jakob disease (CJD) Others, Please Specify Are you allergic, or have you reacted adversely to any of the following: Ves 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. 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 CURRENT PAIN INTENSITY PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR CURRENT PAIN INTENSITY No Pain Moderate Pain Worst Pain | ○ Thyroid Problem ○ Diabetes ○ Tubero | culosis Hepatitis/Jaundice | |
| Are you allergic, or have you reacted adversely to any of the following: Local anesthetics (Novocaine) Penicillin or other antibiotics Asperin or Ibuprofen Reactions to metals Latex or rubber dam Foods Additional questions for women. 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 CURRENT PAIN INTENSITY PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR CURRENT PAIN INTENSITY NO Pain Moderate Pain Worst Pain | ○ Stroke ○ Arthritis ○ Cance | r AIDS/HIV Infection | |
| Local anesthetics (Novocaine) Penicillin or other antibiotics Asperin or Ibuprofen Reactions to metals Latex or rubber dam Foods Additional questions for women. 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 CURRENT PAIN INTENSITY PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR CURRENT PAIN INTENSITY No Pain Moderate Pain Worst Pain | Creutzfeldt–Jakob disease (CJD) Others | s, Please Specify | |
| Penicillin or other antibiotics Asperin or Ibuprofen Reactions to metals Latex or rubber dam Foods Additional questions for women. 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 CURRENT PAIN INTENSITY PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR CURRENT PAIN INTENSITY No Pain Moderate Pain Worst Pain | Are you allergic, or have you reacted adversely to any of the following: | Yes No Others, Please Specify | |
| Asperin or Ibuprofen Reactions to metals Latex or rubber dam Foods Additional questions for women. 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 CURRENT PAIN INTENSITY PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR CURRENT PAIN INTENSITY NO HURT HURTS LITTLE BIT LITTLE BIT Moderate Pain Worst Pain | Local anesthetics (Novocaine) | | |
| Reactions to metals Latex or rubber dam Foods Additional questions for women. 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 CURRENT PAIN INTENSITY PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR CURRENT PAIN INTENSITY NO HURT HURTS HURTS HURTS HURTS HURTS HURTS WHOLE LOT WORST NO Pain Moderate Pain Worst Pain | Penicillin or other antibiotics | | |
| Latex or rubber dam Foods Additional questions for women. 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 CURRENT PAIN INTENSITY PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR CURRENT PAIN INTENSITY AND HURTS HURTS HURTS HURTS HURTS HURTS HURTS HURTS WORST No Pain Moderate Pain Worst Pain | Asperin or Ibuprofen | | |
| Additional questions for women. 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 CURRENT PAIN INTENSITY PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR CURRENT PAIN INTENSITY HURTS WHOLE LOT WORST No Pain Moderate Pain Worst Pain | Reactions to metals | | |
| Additional questions for women. 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 CURRENT PAIN INTENSITY PLASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR CURRENT PAIN INTENSITY HURTS WHOLE LOT WORST No Pain Moderate Pain Worst Pain | Latex or rubber dam | | |
| 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 CURRENT PAIN INTENSITY PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR CURRENT PAIN INTENSITY NO HURT HURTS HURTS HURTS HURTS HURTS HURTS HURTS WHOLE LOT NO Pain Moderate Pain Worst Pain | Foods | | |
| if yes, expected delivery date: Are you taking oral contraceptives? PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR CURRENT PAIN INTENSITY ON HURT HURTS HURTS HURTS HURTS HURTS HURTS HURTS HURTS WHOLE LOT WORST No Pain Moderate Pain Worst Pain | Additional questions for women. | Yes No Others, Please Specify | |
| PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR CURRENT PAIN INTENSITY ON HURT HURTS HURTS HURTS HURTS HURTS HURTS WHOLE LOT WORST NO Pain Moderate Pain Worst Pain | Are you pregnant or trying to get pregnant? | | |
| PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR CURRENT PAIN INTENSITY OOO OO O | | | |
| No Pain OOO A COO A | | | |
| NO HURT HURTS HURTS HURTS HURTS HURTS HURTS WHOLE LOT WORST No Pain Moderate Pain Worst Pain | PLEASE SELECT THE NUMBER THAT BEST REPRESENT | S YOUR CURRENT PAIN INTENSITY | |
| | 0 2 4 NO HURT HURTS HURTS HU LITTLE BIT LITTLE MORE EVEN | 6 8 10 RTS HURTS HURTS MORE WHOLE LOT WORST | |
| $\begin{array}{cccccccccccccccccccccccccccccccccccc$ | | | |

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.