DENTISTREE DENTAL CLINIC

File No: 1898

Name: MAHMOOD, RIRZADA			
Mobile no.: 0566998890	Email:		
Date of Birth: 17.7.1973	Sex: ☑ M ○ F	Nationality:	
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?	✓		diabetics
Have you ever been hospitalized or had a major operation?		✓	
Have you ever had any complications following dental treatment?		✓	
Are you a smoker?	✓		

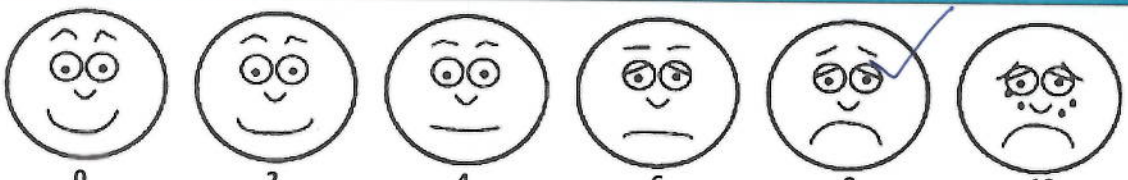
Do you have, or have you had any of the following

☒ High Blood Pressure	☒ Low Blood Pressure	☒ Rheumatic Fever	☒ Fainting / Seizures
☒ 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 (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.	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 CURRENT PAIN INTENSITY



0	2	4	6	8	10
NO HURT	HURTS LITTLE BIT	HURTS LITTLE MORE	HURTS EVEN MORE	HURTS WHOLE LOT	HURTS WORST

No Pain — Moderate Pain — Worst Pain

0 1 2 3 4 5 6 7 8 9 10

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.