

File No: 1984

Name: Blande Pomaly			
Mobile no.: 0553249341 Email: Chlanchepomale	DIA)a	mail	· Low
Date of Birth: 04 20/1992 Sex: OM ØF	Nationality: FILIDINO		
How do you know about us? O Family or Friends Onternet	O Ne	ewspap	ers Others
MEDICAL HISTORY			
Certain medical conditions can affect dental treatment and vice v	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?	/		N
Have you ever had any complications following dental treatment?			
Are you a smoker?		/	AND DESCRIPTION OF THE PARTY OF
Do you have, or have you had any of the following			2000000
○ High Blood Pressure ○ Low Blood Pressure ○ Rheumatic Feve	er		Fainting / Seizures
Asthma Heart Attack Epilepsy	C Leukemia		
Heart Disease			
○ Thyroid Problem ○ Diabetes ○ Tuberculosis			O Hepatitis/Jaundice
○ Stroke ○ Arthritis ○ Cancer			AIDS/HIV Infection
Creutzfeldt–Jakob disease (CJD) Others, Please S	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		1	1=
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 I	NTENSITY
NO Pain OOO A HURTS LITTLE BIT Moderate Pain		8 JRTS DLE LOT	10 HURTS WORST Worst Pain
0 1 2 3 4 5 6	7	8	9 10