

File No: 20076

					2016	
Name: LYNDSEY TUR	200		N			
Mobile no.: 052 602 8 291		412751-41	282	0	FMAIL. COM.	
Date of Birth:	Sex:	OM OF		ionality		
How do you know about us?	nily or Friends	Olnternet		lewspap		
	MEDI	CAL HISTORY	5 5		- O GUICIS	
Certain medical conditions can affe			<u>X</u>			
Please complete this form by answering the o		atment and vice	versa.			
Chief Complaint:	questions.					
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?				1		
Have you ever been hospitalized or had a major operation?				/		
Have you ever had any complications following dental treatment?				-		
Are you a smoker?					VAPGE.	
Do you have, or have you had any of the follo	owing					
High Blood Pressure Low Bloo	d Pressure	Rheumatic Fe	ver		Fainting / Seizures	
Asthma Heart Attack Epilepsy			C Leukemia			
Heart Disease Cidney Disease Liver Disease				Uung Disease		
Thyroid Problem Diabetes		O Tuberculosis			Hepatitis/Jaundice	
Stroke Arthritis		Cancer			AIDS/HIV Infection	
Creutzfeldt–Jakob disease (CJD)		Others, Please	Specify		O THEOTHER INTEGRAL	
Are you allergic, or have you reacted adversely	to any of the fol	lowing:	Yes	No	Others, Please Specify	
Local anesthetics (Novocaine)			1.00		Others, Flease Specify	
Penicillin or other antibiotics				/		
Asperin or Ibuprofen				/		
Reactions to metals						
Latex or rubber dam				_		
Foods				/		
Additional questions for women.			Yes	No	Othors Diseas Co. 15	
Are you pregnant or trying to get pregnant?			103	140	Others, Please Specify	
f yes, expected delivery date:						
Are you taking oral contraceptives?						
PLEASE SELECT THE NU	MBER THAT BEST	REPRESENTS YOUR	CURRENT	PAIN IN	TENSITY	
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No Pain	Mod	erate Pain			Worst Pain	
0 1 2 3	4	5 6	7	8	9 10	