

File No: 2360

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Name: Martirue 1. Zayas		V			
Mobile no.: 0500 909321	Email: 2m	narhielle@ Gmail	, com		
Date of Birth: OPRIL 09, 1994					FILIPINO
How do you know about us?		○ Newspapers ○ Others			
	MEDICA	AL HISTORY	医侧线		
Certain medical conditions can affe		ment 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?				V	
Have you ever had any complications following dental treatment?				~	
Are you a smoker?				/	
Do you have, or have you had any of the foll	owing		24		
High Blood Pressure Low Bloo	od Pressure	Rheumatic Feve	er		Fainting / Seizures
Asthma Heart Attack Epilepsy			Leukemia		
Heart Disease Cidney Disease Liver Disease			O Lung Disease		
○ Thyroid Problem ○ Diabetes ○ Tuberculosis					O 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 follow	wing:	Yes	No	Others, Please Specify
Local anesthetics (Novocaine)				/	
Penicillin or other antibiotics				~	
Asperin or Ibuprofen				~	
Reactions to metals				/	
Latex or rubber dam				/	
Foods				5	
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 N	UMBER THAT BEST	REPRESENTS YOUR C	URREN	T PAIN I	NTENSITY
O O O O O O O O O O O O O O O O O O O	HURTS LITTLE MORE	6 HURTS EVEN MORE		8 URTS DLE LOT	10 HURTS WORST Worst Pain
0)1 2	3 4	5 6	7	8	9 10