

File No: 2373

Please complete this form by answering the questions. Chief 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 Low Blood Pressure Asthma Heart Attack Epilepsy Leukemia Heart Disease Thyroid Problem Diabetes Tuberculosis Hepatitis/Jaundice Stroke Arthritis Cancer AlDS/HIV Infection Creutzfeldt-Jakob disease (CID) Others, Please Specify 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.				-51)	
Date of Birth: 10 JUNE 1000 Sex: M OF Nationality: Filiphio 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. 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 answer? 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 Thyroid Problem Diabetes Tuberculosis Hepatitis/Jaundice Stroke Arthritis Cancer AlDS/HIV Infection Creutzfeldt-Jakob disease (CID) 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 Apperin 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	Name: Joshue Pesigan				
How do you know about us? Family or Friends	Mobile no.: 056 314 1418 Email:		-		
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High Blood Pressure	Are you a smoker?		/		
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Heart Disease	Asthma Heart Attack Epilepsy				
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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.