

File No: 2414

Name: JIM CARL L. LUZANOS			
Mobile no.: 05 962 8256 Email: 1119	carllyzous Q yohos.	COM	3/3/100
Date of Birth: 25/09/1789 Sex:	M OF Nat	ionality:	tilipins /
How do you know about us?		lewspaper	s Ø Others
MEDIC			
	AL HISTORY		
Certain medical conditions can affect dental treat	ment and vice versa.		
Please complete this form by answering the questions.			
hief 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?			11.00
Have you ever been hospitalized or had a major operation?			
Have you ever had any complications following dental treatmer	it?		
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			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 follo	wing: Yes	No	Others, Please Specify
Local anesthetics (Novocaine)		0	
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?			
f yes, expected delivery date:			
Are you taking oral contraceptives?			30.000 080 00
PLEASE SELECT THE NUMBER THAT BEST	REPRESENTS YOUR CURREN	T PAIN IN	TENSITY
O O O O O O O O O O O O O O O O O O O	6 HURTS H	8 SURTS OLE LOT	10 HURTS WORST
	erate Pain		Worst Pain
0 1 2 3 4	5 6 7	8	9 10