

File No: 2865

UU BEITIAE GEITTIC		FI	2863
Name: Leiou Wang			
Mobile no.: 0547224011 Email: wang wengiai	908	20 la	gmail for
Date of Birth: 10 May 2017 Sex: QM OF		onality:	
How do you know about us?	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:	121		
All details will be strictly confidential.	Yes	No	Others, Please Specify
Are you under a physician's care now?		V	•
Are you taking any medications, pills, or drugs?		1/	
Have you ever been hospitalized or had a major operation?		V	
Have you ever had any complications following dental treatment?		V	
Are you a smoker?		V	
Do you have, or have you had any of the following	7		
○ High Blood Pressure ○ Low Blood Pressure ○ Rheumatic Fever ○ Fainting / Seizures			
○ Asthma			
○ Heart Disease ○ Kidney Disease ○ Liver 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 following:	Yes	No	Others, Please Specify
Local anesthetics (Novocaine)		X	, , , , , , , , , , , , , , , , , , , ,
Penicillin or other antibiotics		X	
Asperin or Ibuprofen		X	
Reactions to metals		X	
Latex or rubber dam		X	
Foods		X	
Additional questions for women.	Yes	No	Others, Please Specify
Are you pregnant or trying to get pregnant?		X	
if yes, expected delivery date:			
Are you taking oral contraceptives?		X	
PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR C	URRENT	PAIN II	NTENSITY
NO Pain  OOO  A  HURTS LITTLE BIT  Moderate Pain	HL	8 JRTS OLE LOT	10 HURTS WORST Worst Pain
0 1 2 3 4 5 6	7	8	9 10

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.

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