

File No:

Name: Mo	HAMEN S	ANAIAS								
Mobile no.:										
Date of Birth:	06/05	2/05/1986 Sex: ØM OF				Nationality:				
How do you kn	0000	○ Family o			○ Internet		ewspap		○ Others	
	E-MONTE OF		MED	ICAL	LUCTORY	BEY	(Market			
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 confi	dential.				Yes	No		Others, Please Specify	
Are you under	a physician's ca	re now?								
Are you taking any medications, pills, or drugs?							~			
Have you ever been hospitalized or had a major operation?							5			
Have you ever had any complications following dental treatment?							~			
Are you a smol	ker?					-	100			
Do you have, or have you had any of the following										
High Blood	d Pressure	O Low Blood P	ressure	0	Rheumatic Feve	er		0	Fainting / Seizures	
Asthma		Heart Attack		0	Epilepsy			0	Leukemia	
Heart Disease								0	Lung Disease	
<u> </u>	roid Problem Diabetes Tuberculosis						Hepatitis/Jaundice			
Stroke							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 Others, Please Specify										
		acted adversely to	any of the f	following	3:	Yes	No		Others, Please Specify	
Local anestheti										
Penicillin or oth				-0.000						
Asperin or Ibup	Providential Control of the Control									
Reactions to m										
Foods	uaiii					4				
	tions for wome					Yes	No		Others, Please Specify	
Are you pregnant or trying to get pregnant? if yes, expected delivery date:										
	oral contracepti									
Are you taking		SELECT THE NUM	RED THAT R	ECT DED	DESENTS VOLID C	IDDEN	T DAIN I	NITEN	CITY	
	PLEASE	SELECT THE NOIVI	DEK IHAI B	EST KEP	RESENTS FOOR C	UKKEN	I PAIN I	NIEN	5111	
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	NO HURT	HURTS LITTLE BIT	HURT:		HURTS EVEN MORE		JRTS DLE LOT		HURTS WORST	
	V	STILL DII				WITC	LL LUI			
	No Pain 0 1	2 2	A N	∕loderate 5	e Pain 6	7	0		Worst Pain 9 10	
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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.