

File No: 3/3/

Name: Fadi Abula	ban					
Mobile no.: 05595309	92 Email:	abulaban. fad	i Q	gma	il -com	
Date of Birth: 23 - 02 - 19	79 Sex:	OM OF	Nati	onality:		
How do you know about us?		○ Internet	ON	ewspap	ers 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.				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?						
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 ○ Rheumatic Feve					Fainting / Seizures	
Asthma Heart Attack Epilepsy				○ Leukemia		
○ 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)						
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?						
if yes, expected delivery date:						
Are you taking oral contraceptives?						
PLEASE SELE	CT THE NUMBER THAT I	BEST REPRESENTS YOUR (	CURREN	T PAIN II	NTENSITY	
NO Pain	DOO 4 HURTS HURT ITTLE BIT LITTLE M	rs HURTS		8 URTS OLE LOT	10 HURTS WORST Worst Pain	
	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.