



File No:

118

Name: RAQUEL VALLEJOS

Mobile no.: ~~090 282 052 9877991~~ Email: RAQUELVJOSI@GMAIL.COM

Date of Birth: 14 SEPT 1975 Sex: M F Nationality: PHILIPPINO

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: tooth

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?			
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 Fever 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 NA

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			

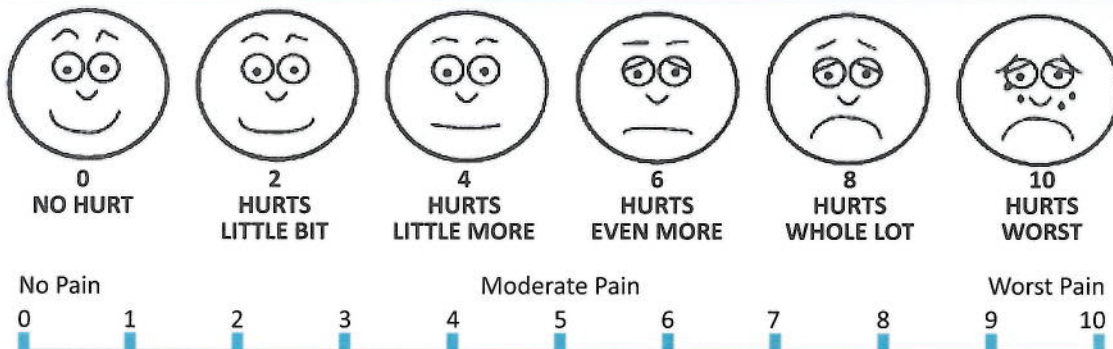
Additional questions for women.

Are you pregnant or trying to get pregnant? Yes No Others, Please Specify

if yes, expected delivery date: _____

Are you taking oral contraceptives? Yes No Others, Please Specify

PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR CURRENT PAIN INTENSITY



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.