

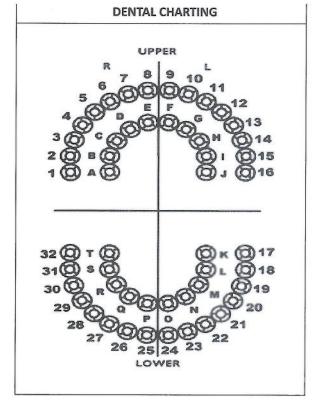
File No: 4065

		-	4065
Name: Grace Sin Juan			
Mobile no.: DSY 994 D954 Email: greys-sanjuan &	e yah	-00 · ca	orn
Date of Birth: ©3 /09 /89 Sex: OM ØF		onality	-
How do you know about us?	○ Ne	ewspap	
MEDICAL HISTORY	V/575		
Certain medical conditions can affect dental treatment and vice v	ersa.		
Please complete this form by answering the questions.			
	actio) \	
All details will be strictly confidential.	Yes	No	Others, Please Specify
Are you under a physician's care now?	1		vertigo
Are you taking any medications, pills, or drugs?	/		Petacerc
Have you ever been hospitalized or had a major operation?	1		
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	er		Fainting / Seizures
Asthma Heart Attack Epilepsy			Leukemia
○ Heart Disease	4334000000000		○ Lung Disease
○ Thyroid Problem ○ Diabetes ○ Tuberculosis			Hepatitis/Jaundice
Stroke Arthritis Cancer			AIDS/HIV Infection
○ Creutzfeldt–Jakob disease (CJD) ○ Others, Please S	Specify_		
Are you allergic, or have you reacted adversely to any of the following:	Yes	No	Others, Please Specify
Local anesthetics (Novocaine)		1	
Penicillin or other antibiotics		1	
Asperin or Ibuprofen		/	
Reactions to metals		1	
Latex or rubber dam		1	
Foods		/	
Additional questions for women.	Yes	No	Others, Please Specify
Are you pregnant or trying to get pregnant?		1	
if yes, expected delivery date:			
Are you taking oral contraceptives?		/	
PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR C	URRENT	PAIN I	NTENSITY
NO HURT HURTS HURTS HURTS EVEN MORE	н	8 JRTS OLE LOT	
No Pain Moderate Pain 0 1 2 3 4 5 6	7	8	Worst Pain 9 10
		3	2 10

Oral Health Information Adult	Yes	No
Do you gag easily?		Z
Do you wear dentures?		0
Does food catch between your teeth?		d
Do you have difficulty in chewing your food?		1
Do you chew on only one side of your mouth?		
Do your gums bleed easily?		Ø
Do your gums bleed when you floss?		0
Do your gums feel swollen or tender?		
Are your teeth sensitive?		Z
Do you take fluoride supplements?		Ø
Do you prefer to save your teeth?	Ø	
Do you want complete dental care?	,D	

Oral Health Information Pediatric/Child	Yes	No
Does your child use a thoothpase with flouride in it?		
Do you help your child with toothbrushing?		
Have your child experince in a dental treatment?		
Have your child ever had cavities?		
Does your child complain of mouth pain?		
Does your child take a bottle to bed?		
Does your Child loves to eat foods like Chocolates, candy, snacks a lot?		
Does your child gums bleed easily?		

Health Information for TMJ	Yes	No
Do you clench or grind your jaws frequently?		
Do your jaws ever feel tired?		
Does your jaw get stuck so that you can't open freely?		
Does it hurt when you chew or open wide to take a bite?		
Do you have earaches or pain in front of the ears?		
Do you have any jaw headaches upon awaking in the morning?		
Do you find jaw pain or discomfort extremely frustrating /depressing?		
Do you have a temporomandibular (jaw) disorder (TMD)?		
Do you have pain in the face, cheeks, jaws, joints, throat, or temples?		
Are you unable to open your mouth as far as you want?		
Are you aware of an uncomfortable bite?		
Have you had a blow to the jaw (trauma)?		
Are you a habitual gum chewer or pipe smoker?		



Category	0 = healthy	1 = changes	2 = unhealthy	Score
Lips	Smooth, Pink, Moist	Dry, chapped, red at corners	Swelling or lump ulcerated at corners	
Tongue	Normal, Moist, Pink	Patchy, fissured, red, coated	Patch that is red & ulcerated, swollen	
Gums & Tissues	Pink, Moist, Smooth	Dry, shiny, rough, swollen 1 to 6 teeth	Swollen, bleeding Generalized redness	
Saliva	Moist Tissues, Watery	Dry, sticky tissues, Little saliva present	No saliva present Tissues parched	
Natural Teeth	No Decayed/ Broken Teeth	1 to 3 decayed / 1 broken teeth	4 or more decayed & broken teeth	
Denture(s)	No Broken Areas	1 Broken Area	More than 1 broken	

FALL RI	SK AS	SSE	SSN	MENT
Falls are common for 65yrs of age and older.	Points	Yes	No	
Do you fallen in the pass years?	2			
Are you using or advice to use cane or walker?	2			
Are you lose a balance while walking?	1			YOUR
You Worry about falling?	1			FALL RISK →
Do you use your arm/s to push your self from a chair?	1			
Do you have trouble stepping up onto a crub/steps?	1			
Are you sways when standing stationary?	1			0 1 2 3 4 5 6 7 8+
Do you take short narrow step?	1			
Are you stamble often or look at the ground when you walk?	1			
Do you frequently have to rush to the toilet?	1			
Do you have lost some feeling in one or both of your feet?	1			LOW MODERATE AT RISK HIGH URGENT SEVERE
Do you take any medication to feel light headed or sleepy?	1			
	14			Dr. Pearl Pinto
Total Points		,		General Dentist
				DENTISTREE DHA-04205785-003

Shop 3, Wasl Port Views 8, Next to Hyatt Place, Al Mina Road, Jumeirah 1, Dubai United Arab Emirates

Dentist Stamp :

•

DENTISTREE DENTAL CLINIC