

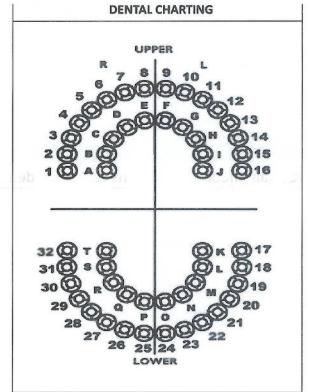
File No: 467

Date of Birth: Jam 1974 Sex: OM OF National How do you know about us? Family or Friends O Internet O News MEDICAL HISTORY  Certain medical conditions can affect dental treatment and vice versa.  Please complete this form by answering the questions.  hief Complaint:  All details will be strictly confidential.  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	Email: following friends  OInternet  ONe  MEDICAL HISTORY  Intuitions can affect dental treatment and vice versa.  In Medicati	es No	Others  Others, Please Specify  Fainting / Seizures
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Are you pregnant or trying to get pregnant?	ring to get pregnant? y date:		
	y date:	s No	Others, Please Specify
f yes, expected delivery date:	traceptives?		
Are you taking oral contraceptives?			
PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR CURRENT PAI	PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR CURRENT	ENT PAIN INTE	

Oral Health Information Adult	Yes	No
Do you gag easily?		0
Do you wear dentures?		2
Does food catch between your teeth?		2
Do you have difficulty in chewing your food?		
Do you chew on only one side of your mouth?		
Do your gums bleed easily?		0
Do your gums bleed when you floss?		d
Do your gums feel swollen or tender?		1
Are your teeth sensitive?		
Do you take fluoride supplements?		0
Do you prefer to save your teeth?		
Do you want complete dental care?		

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?		2
Do your jaws ever feel tired?		
Does your jaw get stuck so that you can't open freely?		0
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?		0
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?		D
Have you had a blow to the jaw (trauma)?		1
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, Dry, sticky tissues, No saliva present Little saliva present Tissues parched			
Natural No Decay Teeth Broken Te		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	<b>JEN1</b>	1							
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			1								
Are you lose a balance while walking?	1		0	YO	UR							
You Worry about falling?	1			FAL	LLF	RISK	-					
Do you use your arm/s to push your self from a chair?	1		0	1								
Do you have trouble stepping up onto a crub/steps?	1								F 202			
Are you sways when standing stationary?	1			10	1	2	3	4	5	6	7	8+
Do you take short narrow step?	1					333			1903	5		
Are you stamble often or look at the ground when you walk?	1		0	Ma.			_					1
Do you frequently have to rush to the toilet?	1		V									_
Do you have lost some feeling in one or both of your feet?	1		0	LOW	MOI	ERATE A		HIGH	URGENT		SEVERE	
Do you take any medication to feel light headed or sleepy?	1				1	(14)	Dr.	Alias	gar Ta	skin	7	
	14		1	Dr. Aliasgar Taskii General Dentist								
Total Points							· to	JHV 3	774000			
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Shop 3, Wasl Port Views 8, Next to Hyatt Place, Al Mina Road, Jumeirah 1, Dubai United Arab Emirates

Dentist Stamp :

Date : \_\_\_\_\_