DENTISTREE DENTAL CLINIC

+91-8971545469.

File No: 4198

Name: SHARANG ASTHANA	
Mobile no.: 0504105469	Email: sharang.asthana@gmail.com.
Date of Birth: 08-09-1992	Sex: (•) M ( ) F Nationality: INDIAN
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: _____

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 _____	

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 SELECT THE NUMBER THAT BEST REPRESENTS YOUR CURRENT PAIN INTENSITY

0	2	4	6	8	10
NO HURT ✓	HURTS LITTLE BIT	HURTS LITTLE MORE	HURTS EVEN MORE	HURTS WHOLE LOT	HURTS WORST

No Pain — Moderate Pain — Worst Pain

0 1 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.