

File No: Yel

Name: Benia	grishchenko					
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Date of Birth: 28.11.		gmous/. com Nationality: Wessian				
		○ Internet				
	MEDIC	AL HISTORY	1	8		
Certain medical cond	itions can affect dental trea	tment and vice	versa.			
Please complete this form	by answering the questions.					
hief Complaint:						
All details will be strictly o	onfidential.		Yes	No	Others, Please Specify	
Are you under a physician's				V		
Are you taking any medica			_	V		
	alized or had a major operation?		1	· ·	plantic account	
	nplications following dental treatme	ent?	1 25	V	plastic curging	
Are you a smoker?	The section of the se		- V	50		
Do you have, or have you l	nad any of the following					
High Blood Pressure	Low Blood Pressure	Rheumatic Fe	ver	-	Fainting / Seizures	
Asthma	Heart Attack Epilepsy			Leukemia		
Heart Disease	C Kidney Disease	Liver Disease			C Lung Disease	
Thyroid Problem	O Diabetes	O Tuberculosis			Hepatitis/Jaundice	
Stroke	Arthritis	Cancer		_	AIDS/HIV Infection	
Creutzfeldt–Jakob dise		Others, Pleas	e Specify		O THEOTHER INICIALITY	
	u reacted adversely to any of the follo		Yes	No	Others, Please Specify	
ocal anesthetics (Novocaine)			103	V	Others, Frease Specify	
Penicillin or other antibiotics				~		
Asperin or Ibuprofen				~		
Reactions to metals				V		
atex or rubber dam				~		
oods				/		
Additional questions for wo	men.		Yes	No	Others, Please Specify	
Are you pregnant or trying to get pregnant?			1	V		
f yes, expected delivery da						
Are you taking oral contract	eptives?			V		
PLE	ASE SELECT THE NUMBER THAT BEST	REPRESENTS YOUR	CURREN	T PAIN	INTENSITY	
NO HURT	HURTS LITTLE MORE	6 HURTS E EVEN MORE		8 URTS OLE LOT	10 HURTS WORST	