

File No: 4771

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Name: NEERAJ GUPTA				
Mobile no.: 0505508161 Email: nic. nearey @ 7	rail.	Com		
Date of Birth: 07 July 1995 Sex: OM OF		onality:		
How do you know about us? Pamily or Friends O Internet		ewspap		
MEDICAL HISTORY	TO AST			
MEDICAL HISTORY			A SECURE OF THE PARTY OF THE PA	
Certain medical conditions can affect dental treatment and vice v	ersa.			
Please complete this form by answering the questions.				
hief Complaint: Tooth AUTE				
All details will be strictly confidential.	Yes	No	Others, Please Specify	
Are you under a physician's care now?		V		
Are you taking any medications, pills, or drugs?	~		вР	
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	44			
High Blood Pressure   O Low Blood Pressure   O Rheumatic Feve	er	3	Fainting / Seizures	
Asthma Heart Attack Epilepsy			Leukemia	
Heart Disease Cidney Disease Liver Disease			<ul> <li>Lung Disease</li> </ul>	
○ Thyroid Problem ○ Diabetes ○ Tuberculosis		-	Hepatitis/Jaundice	
Stroke Arthritis Cancer			AIDS/HIV Infection	
Creutzfeldt–Jakob disease (CJD) Others, Please S	Specify_		N/A	
Are you allergic, or have you reacted adversely to any of the following:	Yes	No	Others, Please Specify	
Local anesthetics (Novocaine)		V		
Penicillin or other antibiotics		<u></u>		
Asperin or Ibuprofen		レ		
Reactions to metals		レ		
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 C	URREN	T PAIN I	NTENSITY	
No Pain  OOO  A  A  A  A  B  A  A  B  A  A  B  A  B  A  B  B		8 JRTS DLE LOT	10 HURTS WORST Worst Pain	
0 1 2 3 4 5 6 7 8 9 10				

Oral Health Information Adult	Yes	No
Do you gag easily?		ď
Do you wear dentures?		2
Does food catch between your teeth?		0
Do you have difficulty in chewing your food?		0
Do you chew on only one side of your mouth?		0
Do your gums bleed easily?		Ø
Do your gums bleed when you floss?		
Do your gums feel swollen or tender?		
Are your teeth sensitive?		Ø
Do you take fluoride supplements?		12
Do you prefer to save your teeth?	Q	
Do you want complete dental care?	6	

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 A	SSE	SSN	MENT
Falls are common for 65yrs of age and older.	Points	Yes	No	0
Do you fallen in the pass years?	2			Dr. Shyam Bhat
Are you using or advice to use cane or walker?	2			Carrelellet Coal & Marillefonial Current
Are you lose a balance while walking?	1			YOUR Specialist Oral & Maximoracial Surgery
You Worry about falling?	1			FALL RISK TISTREE DENTAL CLINIC
Do you use your arm/s to push your self from a chair?	1			DENIISTREE DENIAL CLINIC
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			Dip Shwamphatani
	14			Sylvania Strami & Matrillo facial Surgary,
Total Points				DPENTSFREE OHAQGO2475-493-003
DENTISTREE DENTAL GLIMIS				DENTISTREE DENTAL GLINIE

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

Dentist Stamp :

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