

File No:	0924	

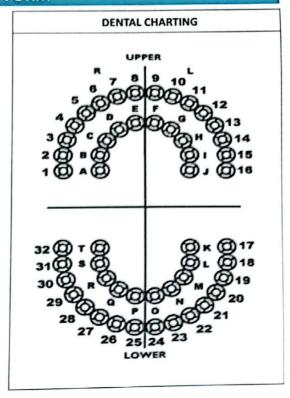
O DEIVIAL CLINIC		File	e No:	2924
Name: D'imple Asholk Komar Khairajani				
Mobile no.: 050 -88 25737 Email:				
Date of Birth: 20-05-2010 Sex: OM OF	Natio	onality:	T	idian
How do you know about us?		ewspape		Others
		тэрарс	.13	Others
Cortain modical conditions can offer blood by the conditions can offer be conditionally can offer				
Certain medical conditions can affect dental treatment and vice v	ersa.			
Please complete this form by answering the questions.				
Chief Complaint:				
All details will be strictly confidential.	Yes	No	0	thers, Please Specify
Are you under a physician's care now?		V		
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?		V		
Do you have, or have you had any of the following		7-		
High Blood Pressure	er	(	) Fai	nting / Seizures
Asthma Heart Attack Epilepsy		(	$\tilde{}$	ukemia
Heart Disease		(	Lur	ng Disease
Thyroid Problem Diabetes Tuberculosis		(	<del>~</del>	patitis/Jaundice
Stroke Arthritis Cancer		(	_	S/HIV Infection
Creutzfeldt–Jakob disease (CJD) Others, Please S	pecify_			
Are you allergic, or have you reacted adversely to any of the following:	Yes	No	Ot	hers, Please Specify
Local anesthetics (Novocaine)		~		, , , , , , , , , , , , , , , , , , , ,
Penicillin or other antibiotics		-		
Asperin or Ibuprofen			BR	ufen
Reactions to metals		_		
Latex or rubber dam		-		
Foods		_		
Additional questions for women.	Yes	No	Oth	ners, Please Specify
Are you pregnant or trying to get pregnant?				
if yes, expected delivery date:				
Are you taking oral contraceptives?		<b>/</b>		
PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR CO	JRRENT	PAIN IN	TENSITY	
	(ó)	ò	(1	) ()
0 2 4 6 NO HURT HURTS HURTS HURTS LITTLE BIT LITTLE MORE EVEN MORE	HU	8 IRTS LE LOT		10 HURTS VORST
No Pain Moderate Pain O 1 2 3 4 5 6	7	8	9 •	orst Pain 10
o the best of my knowledge, all of the preceding answer and information provided a I ever have any change in my health, I will inform the doctor at the next appointme	re true nt witho	and corr out fail.	rect.	
DV.	_	1	.12	- 2023

**CS** CamScanner

## PATIENT ASSESSMENT FORM

Oral Health Information Adult	Yes	No
Do you gag easily?		
Do you wear dentures?		
Does food catch between your teeth?		
Do you have difficulty in chewing your food?		
Do you chew on only one side of your mouth?		
Do your gums bleed easily?		
Do your gums bleed when you floss?		
Do your gums feel swollen or tender?		
Are your teeth sensitive?		
Do you take fluoride supplements?		
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?		Ų
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	nk, Dry, chapped, red at corners 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		

	Points	1		SMENT
Falls are common for 65yrs of age and older.		Tes		
Do you fallen in the pass years?	2	1	1	
Are you using or advice to use cane or walker?	2	1	1	d your
Are you lose a balance while walking?	1	1	님	
You Worry about falling?	1			FALL RISK →
Do you use your arm/s to push your self from a chair?	1		님	
Do you have trouble stepping up onto a crub/steps?	1	ᆜ		0 1 2 3 4 5 6 7 8
Are you sways when standing stationary?	1			
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			LOW MODERATE AT RISK DIJSH Pratik Premjani SEVERE
o you have lost some feeling in one or both of your feet?	1			- inter Orthogonuss
o you take any medication to feel light headed or sleepy?	1			DUA-00058403-000
o you take any medication to real light	14			DENTISTREE DENTAL CLINIC

Shop 3, Wasl Port Views 8, Next to Hyatt Place, Al Mina Road, Jumeirah 1, Dubai Dentist Stamp:

Date

