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Pelase complete this form by answering the questions.	Ainternet	O Ne	wspape	rs	○ Others
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 Asthma Heart Attack Epilepsy Leukemia Heart Disease Thyroid Problem Diabetes Thyroid Problem Diabetes Thyroid Problem Diabetes Touberculosis Heaptitis/Jaundice Stroke Arthritis Cancer AlDS/HIV Infection Creaturafeldt—Jakob disease (CID) Others, Please Specify Are you allergic, or have you reacted adversely to any of the following: Vers you allergic, or have you reacted adversely to any of the following: Vers on the problem Diabetes Active you dilergic, or have you reacted adversely to any of the following: Vers you delregic, or have you reacted adversely to any of the following: Vers you dilergic, or have you reacted adversely to any of the following: Vers on how you reacted adversely to any of the following: Vers on how you reacted adversely to any of the following: Vers on how you reacted adversely to any of the following: Vers on how you reacted adversely to any of the following: Vers on how you reacted adversely to any of the following: Vers on how you reacted adversely to any of the following: Vers on how you reacted adversely to any of the following: Vers on how you reacted adversely to any of the following: Vers on how you reacted adversely to any of the following: Vers on how you reacted adversely to any of the following: Vers on how you reacted adversely to any of the following: Vers on how you reacted adversely to any of the following: Vers on how you had you have you had you have you had you have you had you have you have you have you had	Certain medical conditions are 15	Y			
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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.

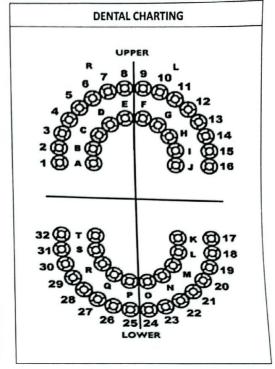
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Date 27/11/2023

PATIENT ASSESSMENT FORM **Oral Health Information Adult** Yes No Do you gag easily? Do you wear dentures? 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? 1 Do your gums bleed easily? Z Do your gums bleed when you floss? D Do your gums feel swollen or tender? Ø Are your teeth sensitive? Do you take fluoride supplements? D Do you prefer to save your teeth? Do you want complete dental care?

Oral Health Information Pediatric/Child	1	
Does your child use a thoothpase with flouride in it?	Yes	No
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?		
game game asily!		

Health Information for TMJ		
	Yes	No
Do you clench or grind your jaws frequently?		
Do your jaws ever feel tired?		금
Does your jaw get stuck so that you can't open freely?		금
Does it hurt when you chew or open wide to take a bite?	ᅥᆔ	H
Do you have earaches or pain in front of the ears?		ī
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		
Natural Teeth	No Decayed/ Broken Teeth	1 to 3 decayed , 1 broken teeth		
Denture(s	No Broken Areas	1 Broken Area	More than 1 broker	n

FALL R	ISK AS	SE	SSIV	IENT			
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						
Are you lose a balance while walking?	1			YOU	JR		
You Worry about falling?	1			FAL	L RI	SK =	>
Do you use your arm/s to push your self from a chair?	1						
Do you have trouble stepping up onto a crub/steps?	1					_	_
Are you sways when standing stationary?	1			0	1	2	3
Do you take short narrow step?	1						
Are you stamble often or look at the ground when you walk?	1						1
Do you frequently have to rush to the toilet?	1			1000	MODER	ATT AT DICK	_
Do you have lost some feeling in one or both of your feet?	1			LOW	MODER	AIE AIRISK	
Do you take any medication to feel light headed or sleepy?	1						
	14					(4)	-
Total Points						VV ENTÍSTR	

MODERATE AT RISK Dr. Mostafa Abdalla **General Dentist** DHA-00222048-001 **DENTISTREE DENTAL CLINIC**

Dentist Stamp:

Date

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



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