

File No:

3200

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Name: Rand Issa									
Mobile no.: 050 85140	433	Email:							
Date of Birth:		Sex:	ОМ	OF	Nat	ionality			
How do you know about us?						○ Newspapers			
		MED	ICAL	HISTORY	AL BALL				
Certain medical conditions	can affect de	ental tr	eatm	ent and vice	versa.				
Please complete this form by answ					Terbur				
Chief Complaint:	0								
All details will be strictly confider	ntial				Yes	Γ			
						No	Ot	thers, Please Specify	
Are you under a physician's care now?						V	2		
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	-								
High Blood Pressure						O Tameng/ Selectes			
Asthma Heart Attack Epilepsy						Leukemia			
Heart Disease	Kidney Disease	9	$-\frac{\circ}{\circ}$	Liver Disease			<u> Lun</u>	g Disease	
○ Thyroid Problem ○ Diabetes ○ Tuberculosis ○ Stroke ○ Arthritis ○ Cancer						Hepatitis/Jaundice			
~	Arthritis		$-\frac{\circ}{\circ}$	Cancer			O AID	S/HIV Infection	
Creutzfeldt–Jakob disease (CJ				Others, Please	e Specify.				
Are you allergic, or have you reacte Local anesthetics (Novocaine)	d adversely to an	y of the f	ollowin	ig:	Yes	No	Otl	hers, Please Specify	
Penicillin or other antibiotics									
Asperin or Ibuprofen						-			
Reactions to metals									
Latex or rubber dam						-			
Foods					_	//			
					-				
Additional questions for women. Are you pregnant or trying to get p		_			Yes	No	Oth	ners, Please Specify	
f yes, expected delivery date:	regnant?								
Are you taking oral contraceptives?									
PLEASE SEL	ECT THE NUMBER	R THAT BE	ST REP	RESENTS YOUR	CURRENT	PAIN IN	NTENSITY		
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0 NO HURT	2 HURTS LITTLE BIT L	4 HURTS ITTLE MO		6 HURTS EVEN MORE	HU	8 IRTS LE LOT		10 IURTS /ORST	
No Pain		М	oderate				Wo	orst Pain	
0 1	2 3	4	5	6	7	8	9	10	