



File No:

3639

Name: MASOOMA

Mobile no.: 058-5753193

Email: masoomasm2000@gmail.com

Date of Birth: 12-06-2000

Sex:  M  F

Nationality: INDIAN

How do you know about us?

Family or Friends

Internet

Newspapers

Others

## MEDICAL HISTORY

Certain medical conditions can affect dental treatment and vice versa.

Please complete this form by answering the questions.

Chief Complaint: \_\_\_\_\_

All details will be strictly confidential.

Yes

No

Others, Please Specify

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

Low Blood Pressure

Rheumatic Fever

Fainting / Seizures

Asthma

Heart Attack

Epilepsy

Leukemia

Heart Disease

Kidney Disease

Liver Disease

Lung Disease

Thyroid Problem

Diabetes

Tuberculosis

Hepatitis/Jaundice

Stroke

Arthritis

Cancer

AIDS/HIV Infection

Creutzfeldt-Jakob disease (CJD)

Others, Please Specify

N/A

Are you allergic, or have you reacted adversely to any of the following:

Yes

No

Others, Please Specify

Local anesthetics (Novocaine)

Penicillin or other antibiotics

Asperin or Ibuprofen

Reactions to metals

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: August second week

Are you taking oral contraceptives?

PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR CURRENT PAIN INTENSITY



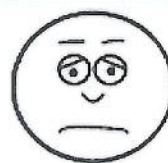
0  
NO HURT



2  
HURTS  
LITTLE BIT



4  
HURTS  
LITTLE MORE



6  
HURTS  
EVEN MORE



8  
HURTS  
WHOLE LOT



10  
HURTS  
WORST

No Pain

Moderate Pain

Worst Pain



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.