

File No:

			<u> Var</u>
Name: NADIR ADAM BERRAHMOUNE			
	percahmou	100 (agmail.com
		onality:	Joensh
How do you know about us?		ewspaper	
MEDICAL HISTO) DV		D_1040
Certain medical conditions can affect dental treatment and	vice versa.		
Please complete this form by answering the questions.			
Chief Complaint:			- Commence
All details will be strictly confidential.	Yes	No	Others, Please Specify
Are you under a physician's care now?		0	
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?		X	
Are you a smoker?		×	
Do you have, or have you had any of the following			
○ High Blood Pressure ○ Low Blood Pressure ○ Rheun	natic Fever		Fainting / Seizures
Asthma Heart Attack Epilep.	oilepsy		
Heart Disease Cidney Disease Liver Disease Lung Disease			Lung Disease
○ Thyroid Problem ○ Diabetes ○ Tubero	culosis		Hepatitis/Jaundice
○ Stroke ○ Arthritis ○ Cance	1		AIDS/HIV Infection
○ Creutzfeldt−Jakob disease (CJD) ○ Others	, Please Specify		
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		\sim	
Reactions to metals		×	
Latex or rubber dam		\propto	
Foods		\sim	
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 REPRESENT	S YOUR CURREN	PAIN INT	TENSITY
NO HURT HURTS HURTS HUITLE MORE EVEN I	RTS HU	8 JRTS DLE LOT	10 HURTS WORST
No Pain Moderate Pain			Worst Pain
0 1 2 3 4 5	6 7	8	9 10

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.