

File No: 44W

Name: Rashid Khalid					
Mobile no.: 650/5625654 Email: Solad Moos9	20	30	grad. Com		
Date of Birth: 914 /2012 Sex: OM OF	onality	11.A.E			
How do you know about us? Family or Friends O Internet	wspap	pers Others			
MEDICAL HISTORY	41015	1962			
	Station.				
Certain medical conditions can affect dental treatment and vice ve	ersa.				
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 Feve	r		Fainting / Seizures		
Asthma Heart Attack Epilepsy	700 P		Leukemia		
○ Heart Disease			Lung Disease		
○ Thyroid Problem ○ Diabetes ○ Tuberculosis		Hepatitis/Jaundice			
○ Stroke ○ Arthritis ○ Cancer		AIDS/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	Others, Please Specify		
Local anesthetics (Novocaine)		1			
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:					
Are you taking oral contraceptives?					
PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR CO	URRENT	PAIN	NTENSITY		
NO HURT CHURTS HURTS HURTS EVEN MORE		8 BIRTS LE LOT	10 HURTS WORST		
No Pain Moderate Pain		100	Worst Pain		
0 1 2 3 4 5 6	7	8	9 10		

Oral Health Information Adult		Yes	No		DENTAL CHARTING					
Do you gag easily?				UPPER						
Do you wear dentures?										
Does food catch between your teeth?					B I L					
Do you have difficulty in chewing your food?					. 7	8 9	10			
Do you chew on only one side of your mouth?					5 8	3)19 19(6	200			
Do your gums bleed easily?						EF	(D)12			
Do your gums bleed when you floss?					0 6	5/2/2/6	D 13	}		
Do your gums feel swollen or tender?	***************************************			3	@ °@		@" @ 1	4		
Are your teeth sensitive?				2 (D = (D		@ · @	15		
Do you take fluoride supplements?				1 (A () () () ()				16		
Do you prefer to save your teeth?										
Do you want complete dental care?								•		
Oral Health Information Pediatric/Child		Yes	No	32(Q T Q		Ø K Ø	17		
Does your child use a thoothpase with flouride in it?			D	31@ \$ @ @ L @ 1				18		
Do you help your child with toothbrushing?			D	30	@, _™ @	Dane Co	GM CO1	9		
Have your child experince in a dental treatment?			Z	29		2000	N 20)		
Have your child ever had cavities?			7		28	P OF	21			
Does your child complain of mouth pain?					27	ROBOR	22			
Does your child take a bottle to bed?	-		1	26 25 24 23						
Does your Child loves to eat foods like Chocolates, ca	ndy, snacks a lot?	0		LOWER						
Does your child gums bleed easily?										
Health Information for TMJ		Yes	No	Category	0 = healthy	1 = changes	2 = unhealthy	Score		
Do you clench or grind your jaws frequently?				Lips	Smooth, Pink,	Dry, chapped,	Swelling or lump			
Do your jaws ever feel tired?					Moist	red at corners	ulcerated at corners			
Does your jaw get stuck so that you can't open freely	?			_	Normal,	Patchy, fissured,	Patch that is red & ulcerated, swollen			
Does it hurt when you chew or open wide to take a b	ite?			Tongue	Moist, Pink	red, coated				
Do you have earaches or pain in front of the ears?					Diel. Maist	Day altino annah	Cualles blanding			
Do you have any jaw headaches upon awaking in the	morning?			Gums & Tissues	Pink, Moist, Smooth	Dry, shiny, rough, swollen 1 to 6 teeth	h Generalized redness			
Do you find jaw pain or discomfort extremely frustrat	ing /depressing?			1133463	55753533					
Do you have a temporomandibular (jaw) disorder (TM	/D)?			Saliva	Moist Tissues, Watery	Dry, sticky tissues, Little saliva present				
Do you have pain in the face, cheeks, jaws, joints, thr	oat, or temples?				watery	Little Saliva present	rissues parcileu			
Are you unable to open your mouth as far as you war	nt?			Natural	No Decayed/	1 to 3 decayed /	* 1 1			
Are you aware of an uncomfortable bite?				Teeth	Broken leeth	1 broken teeth	& broken teeth			
Have you had a blow to the jaw (trauma)?				Denture(s)	No Broken	1 Beeles Asse	Mare than 1 broken			
Are you a habitual gum chewer or pipe smoker?				Dentare(s)	Areas	1 Broken Area	More than 1 broken			
					_					
	FALL RISK A	SSE	SSN	MENT						
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			YOUR						
You Worry about falling?	1			FALL RI	FALL RISK →					
Do you use your arm/s to push your self from a chair	2 1				77550.E.050					
Do you have trouble stepping up onto a crub/steps?	1				<u> </u>	the state of				
Are you sways when standing stationary?	1			0 1	2 3	4 5	6	7 8+		

1

1

1

1

1

14

Total Points

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

Do you take short narrow step?

Do you frequently have to rush to the toilet?

Are you stamble often or look at the ground when you walk?

Do you have lost some feeling in one or both of your feet?

Do you take any medication to feel light headed or sleepy?

Dr. Hengameh Shadafzah General Dentist DENTISTREE DHA-77225976-004 DENTISTREE DENTAL CLINIC

HIGH

MODERATE AT RISK

Date

URGENT

SEVERE