

File No:

					W 18
Name: EL yamoun Aya					
Mobile no.: 05 44 54 2759	Email:	a 37000@	gmo	عند	. con
Date of Birth: 23.11.98	Sex: O N	√l ≪F	Natio	nality	: Marocaire
How do you know about us?	or Friends	 ⋈ Internet	7.0	wspap	The state of the s
	MEDICA	L HISTORY	Late and		
Certain medical conditions can affect			orco		
	The state of the s	nent and vice v	ersa.		
Please complete this form by answering the que	estions.			-	
Chief Complaint:					T
All details will be strictly confidential.			Yes	No	Others, Please Specify
Are you under a physician's care now?				04	
Are you taking any medications, pills, or drugs?				A	
Have you ever been hospitalized or had a majo	r operation?		×		BBL.
Have you ever had any complications following	dental treatment	:?		84	
Are you a smoker?				ox	
Do you have, or have you had any of the follow	ving				
○ High Blood Pressure ○ Low Blood	Pressure (Rheumatic Feve	er		Fainting / Seizures
Asthma Heart Attac	ck (Epilepsy			Leukemia
Heart Disease Kidney Dise	ease (Liver Disease			Lung Disease
	(Tuberculosis			O Hepatitis/Jaundice
Stroke Arthritis	(Cancer			AIDS/HIV Infection
Creutzfeldt–Jakob disease (CJD)	(Others, Please S	Specify_		
Are you allergic, or have you reacted adversely to	any of the follow	/ing:	Yes	No	Others, Please Specify
Local anesthetics (Novocaine)				2	
Penicillin or other antibiotics				X	
Asperin or Ibuprofen				X	
Reactions to metals				OV.	
Latex or rubber dam				a	
Foods				\propto	1 7 1 2
Additional questions for women.			Yes	No	Others, Please Specify
Are you pregnant or trying to get pregnant?				ol	
if yes, expected delivery date:					
Are you taking oral contraceptives?				ok	The second secon
PLEASE SELECT THE NUM	MBER THAT BEST R	EPRESENTS YOUR C	URRENT	PAIN	INTENSITY
NO HURT LITTLE BIT	4 HURTS LITTLE MORE	6 HURTS EVEN MORE		8 IRTS LE LOT	10 HURTS WORST
No Pain		rate Pain			Worst Pain
0 1 2 3	4	5 6	7	8	9 10

Oral Health Information Adult	Yes	No
Do you gag easily?		Ø
Do you wear dentures?		(0)
Does food catch between your teeth?		Ø
Do you have difficulty in chewing your food?		O
Do you chew on only one side of your mouth?		1
Do your gums bleed easily?		
Do your gums bleed when you floss?		d
Do your gums feel swollen or tender?		0
Are your teeth sensitive?		Ó
Do you take fluoride supplements?		
Do you prefer to save your teeth?		
Do you want complete dental care?	6	
Out Hashb Information Redictors (Child	Yes	No
Oral Health Information Pediatric/Child	Yes	140
Does your child use a thoothpase with flour de in it?	-	\Box
Do you help your child with toothbrushing?		Ш
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 Chocplates, candy, snacks a lot?		
Does your child gums bleed easily?		
Health Information for TMJ	Yes	No
Do you clench or grind your jaws frequently?		
Do your jaws ever feel tired?		
Does your jaw get stuck so that you can't or en freely?		
Does it hurt when you chew or open wide to take a bite?		
Do you have earaches or pain in front of the ears?		

DENTAL	CHARTING
4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9 10 11 B
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Health Information for TMJ		Yes	No	Category	0 = healthy	
Do you clench or grind your jaws frequently?				Lips	Smooth, Pink,	Г
Do your jaws ever feel tired?				Lips	Moist	
Does your jaw get stuck so that you can't or er	n freely?				Normal,	1
Does it hurt when you chew or open wide to t	take a bite?			Tongue	Moist, Pink	ľ
Do you have earaches or pain in front of the	ears?				D: 1 44 : 1	r
Do you have any jaw headaches upon awak ng	g in the morning?			Gums & Tissues	Pink, Moist, Smooth	S
Do you find jaw pain or discomfort extreme y	frustrating /depressing?			1155465		-
Do you have a temporomandibular (jaw) disor	rder (TMD)?			Saliva	Moist Tissues, Watery	1
Do you have pain in the face, cheeks, jaws, join	nts, throat, or temples?				vvatery	ľ
Are you unable to open your mouth as far as y	you want?			Natural	No Decayed/	1
Are you aware of an uncomfortable bite?				Teeth	Broken Teeth	
Have you had a blow to the jaw (trauma)?				Denture(s)	No Broken	
Are you a habitual gum chewer or pipe smoke	er?			Dentare(s)	Areas	

Category	ory 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	No saliva present Tissues parched	
Natural Teeth	No Decayed/ Broken Teeth	1 to 3 decayed / 1 broken teeth	4 or more decayed & broken teeth	
Denture(s)	No Broken Areas	1 Broken Area	More than 1 broken	

FINANCE CONTRACTOR	ALL RIS	SK AS	SSE	SSN	/ENT									
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			YO	UR								
You Worry about falling?		1			FAI			(=						
Do you use your arm/s to push your self from a chair?		1				"	4101	• ,						
Do you have trouble stepping up onto a crub/steps?		1					00.000	#i	1000				440	
Are you sways when standing stationary?		1			0	1	2		3	4	5	6	7	8+
Do you take short narrow step?		1				100				100	110			
Are you stamble often or look at the ground when you walk	(?	1				- 15			19.19					
Do you frequently have to rush to the toilet?		1									_	_		
Do you have lost some feeling in one or both of your feet?		1			LOW	MOD	ERATE A	AT RISK	HIGH		URGENT		SEVERE	
Do you take any medication to feel light headed or sleepy?		1												
		14												
Tot	tal Points													

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



Date