

4776 File No: Email: Khodae, elfana yanos, com Mobile no.: Date of Birth: 106/1999 Sex: OM O F Nationality: 1 VOI Family or Friends How do you know about us? ○ Internet Newspapers O 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 Others, Please Specify Are you under a physician's care now? Pain Killer Are you taking any medications, pills, or drugs? on my left har 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. Are you allergic, or have you reacted adversely to any of the following: Nb 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 Nb 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 CURRENT PAIN INTENSITY NO HURT **HURTS HURTS HURTS** HURT **HURTS** LITTLE BIT LITTLE MORE **EVEN MORE** WHOLE LOT WORST

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.

Moderate Pain

Worst Pain

10

No Pain

Do you gag easily? Do you wear dentures? Does food catch between your teeth? Do you have difficulty in chewing your food? Do you chew on only one side of your mouth? Do your gums bleed easily? Do your gums bleed when you floss? Do your teeth sensitive? Do you take fluoride supplements? Do you prefer to save your teeth? Do you want complete dental care? Oral Health Information Pediatric/Child Does your child use a thoothpase with flourde in it? Do you help your child with toothbrushing? Have your child experince in a dental treatment where your child experince in a dental treatment where your child complain of mouth pain? Does your child lowes to eat foods like Chocolates, candy, snacks a lot you so your child lowes to eat foods like Chocolates, candy, snacks a lot you you giaw get stuck so that you can't open freely? Does your jaws ever feel tired? Does your jaws ever feel tired? Does your jaw get stuck so that you can't open 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? Do you have any jaw headaches upon awaking in the morning? Do you have a temporomandibular (jaw) disporder (TMD)? Do you have pain in the face, cheeks, jaws, joints, throat, or temples? Are you anable to open your mouth as far as you wante of an uncomfortable bite? Have you had a blow to the jaw (trauma)? Are you a habitual gum chewer or pipe smooth. FALL R Falls are common for 65yrs of age and older.		Ves			32 (2 31 (3 30 (2 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	O = healthy Smooth, Pink, Moist Normal, Moist, Pink	UPPER B 9 C F C F C F C F C F C F C F C	2 = unhealthy Swelling or lump ulcerated at corners Patch that is red & ulcerated, swollen	4 15 16 17 18 9
Does food catch between your teeth? Do you have difficulty in chewing your food? Do you chew on only one side of your mouth? Do your gums bleed easily? Do your gums bleed when you floss? Do your gums feel swollen or tender? Are your teeth sensitive? Do you take fluoride supplements? Do you prefer to save your teeth? Do you want complete dental care? Oral Health Information Pediatric/Child Does your child use a thoothpase with flour de in it? Do you help your child with toothbrushing? Have your child experince in a dental treatment? Have your child ever had cavities? Does your child take a bottle to bed? Does your child loves to eat foods like Chocolates, candy, snacks a lot Does your child gums bleed easily? Health Information for TMJ Do you clench or grind your jaws frequently? Do your jaws ever feel tired? Does your jaw get stuck so that you can't open freely? Does it hurt when you chew or open wide to take a bite? Do you have earaches or pain in front of the Do you have any jaw headaches upon awaking in the morning? Do you find jaw pain or discomfort extreme yellow frustrating /depressing? Do you have a temporomandibular (jaw) disporder (TMD)? Do you have pain in the face, cheeks, jaws, joints, throat, or temples? Are you unable to open your mouth as far as Are you ware of an uncomfortable bite? Have you had a blow to the jaw (trauma)? Are you a habitual gum chewer or pipe smoter?		Yes			Lips	Smooth, Pink, Moist	Dry, chapped, red at corners Patchy, fissured,	Swelling or lump ulcerated at corners Patch that is red &	4 15 16 17 18 9
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Do you have a temporomandibular (jaw) disorder (TMD)? Do you have pain in the face, cheeks, jaws, joints, throat, or temples? Are you unable to open your mouth as far as you want? Are you aware of an uncomfortable bite? Have you had a blow to the jaw (trauma)? Are you a habitual gum chewer or pipe smoker?					iums & issues	Pink, Moist, Smooth	Dry, shiny, rough, swollen 1 to 6 teeth	Swollen, bleeding Generalized redness	
Do you have pain in the face, cheeks, jaws, joints, throat, or temples? Are you unable to open your mouth as far as you want? Are you aware of an uncomfortable bite? Have you had a blow to the jaw (trauma)? Are you a habitual gum chewer or pipe smoker? FALL R				-	issues	Sillotti	SWOTCH T to 0 teeth	Generalized realizes	
Are you unable to open your mouth as far as you want? Are you aware of an uncomfortable bite? Have you had a blow to the jaw (trauma)? Are you a habitual gum chewer or pipe smoker? FALL R					Saliva	Moist Tissues, Watery	Dry, sticky tissues, Little saliva present	No saliva present Tissues parched	
Are you aware of an uncomfortable bite? Have you had a blow to the jaw (trauma)? Are you a habitual gum chewer or pipe smoker? FALL R				_		watery	Little Saliva present	lissues parcileu	
Have you had a blow to the jaw (trauma)? Are you a habitual gum chewer or pipe smoker? FALL R				N	latural	No Decayed/	1 to 3 decayed /	4 or more decayed	
Are you a habitual gum chewer or pipe smoker?					Teeth	Broken Teeth	1 broken teeth	& broken teeth	
FALL R				De	enture(s)	No Broken	1 Broken Area	More than 1 broken	
						Areas	1 blokell Alea	Wide than I broken	
Falls are common for 65yrs of age and older.	ISK A	SSE	SSN	/ENT					
	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					
You Worry about falling?	1			FAL	LL RI	SK ->			
Do you use your arm/s to push your self from a chair?	1								
Do you have trouble stepping up onto a crub/steps?	1			_	4	2 2	4 5	6 7	8+
Are you sways when standing stationary?	1			0	1	2 3	4 3		ОТ
Do you take short narrow step?	1				188				
Are you stamble often or look at the ground when you walk?	1			(a)	100				-
Do you frequently have to rush to the toilet	1			LOW	MODERA	TE AT DICK	HIGH URGI	ENT SEVE	DE 30
Do you have lost some feeling in one or both of your feet?	1			LOW	MODEKA	ATE AT RISK I	HIGH URGI	LITE SEVE	-
Do you take any medication to feel light headed or sleepy?	1					(7)	Or. Pr	ratiit Premje	mi
	14					18/	Specia	tlat Orthodon	tics
Total Points	1						DEE DUA	-00058483-0	13
						DENTIST	HEE DOG	AND DESCRIPTION OF THE PERSON	

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

Dentist Stamp :

Date : _____