



# DENTISTREE DENTAL CLINIC

File No:

2385

Name: Rita Widayati

Mobile no.: 050 2288628

Email:

Date of Birth: 20/08/1964

Sex: ☐ M ☒ F

Nationality: Indonesia

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 \_\_\_\_\_

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: \_\_\_\_\_

Are you taking oral contraceptives?

☒

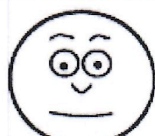
PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR CURRENT PAIN INTENSITY



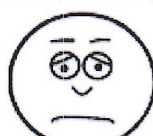
0  
NO HURT



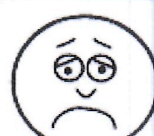
2  
HURTS  
LITTLE BIT



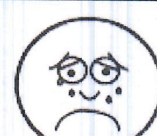
4  
HURTS  
LITTLE MORE



6  
HURTS  
EVEN MORE



8  
HURTS  
WHOLE LOT



10  
HURTS  
WORST

No Pain

0

1

2

3

4

5

6

7

8

9

10

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.