



DENTISTREE DENTAL CLINIC

File No:

5248

Name: AMANJOT KAUR ARORA

Mobile no.: 0589523727

Email: dramanjotarora@gmail.com

Date of Birth: 06/07/1987

Sex: ☐ M ☒ F

Nationality: INDIAN

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: Teeth alignment / veneers

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

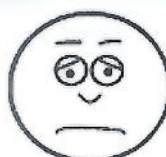
NO HURT



2

HURTS
LITTLE BIT

4

HURTS
LITTLE MORE

6

HURTS
EVEN MORE

8

HURTS
WHOLE LOT

10

HURTS
WORST

No Pain

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.

