

File No: 1792

Name: page water Rangaler			
Mobile no.: 056 476 9398 Email: kandulahamo12	@9	ma	ilicom.
Date of Birth: 03/08/1992 Sex: OM OF	Nati	onality	Irdian.
How do you know about us? ○ Family or Friends ○ Internet	O No	ewspap	
MEDICAL HISTORY			
Certain medical conditions can affect dental treatment and vice v	ersa.		
Please complete this form by answering the questions.			
Chief Complaint:			
All details will be strictly confidential.	Yes	No	Others, Please Specify
	163	140	Others, Flease 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	V		
	Vic.		O
High Blood Pressure	er		Fainting / Seizures
Asthma Heart Attack Epilepsy			Leukemia
Heart Disease			C Lung Disease
Thyroid Problem Diabetes Tuberculosis			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 following:	Yes	No	Others, Please Specify
Local anesthetics (Novocaine)		~	
Penicillin or other antibiotics		/	
Asperin or Ibuprofen		V	
Reactions to metals	_	V	
Latex or rubber dam		<u></u>	
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 C	URREN	PAIN	INTENSITY
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	V		
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LITTLE BIT LITTLE MORE EVEN MORE		LE LOT	HURTS WORST
No Pain Moderate Pain			Worst Pain
0 1 2 3 4 5 6	7	8	9 10
No Pain Moderate Pain	7	8	Worst Pain