

File No: 2277

Name: BHAWANA CHAWLA			
Mobile no.: 0505750189 Email: Chawa-bhawana @yahro.com.			
Date of Birth: 30 .0 3 . 8 7 Sex: OM ØF	Nationality: INDIAN		
How do you know about us?	O Ne	ewspaper	
MEDICAL HISTORY			Dubat Que
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?	103	X	others, reduce opening
Are you taking any medications, pills, or drugs?			
Have you ever been hospitalized or had a major operation?	V		
Have you ever had any complications following dental treatment?		V	
Are you a smoker?	-	~	
Do you have, or have you had any of the following			
High Blood Pressure	or .		Fainting / Seizures
Asthma	51		Leukemia
Heart Disease			Lung Disease
Thyroid Problem Diabetes Tuberculosis			Hepatitis/Jaundice
Stroke Arthritis Cancer			AIDS/HIV Infection
Creutzfeldt–Jakob disease (CJD) Others, Please S	Specify		, rues, in timeston
Are you allergic, or have you reacted adversely to any of the following:	Yes	No	Others, Please Specify
Local anesthetics (Novocaine)	1.03	V	Others, Freuse specify
Penicillin or other antibiotics		v	
Asperin or Ibuprofen		V	
Reactions to metals		~	
Latex or rubber dam		V	
Foods		V	
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	T PAIN IN	TENSITY
NO HURT HURTS HURTS HURTS EVEN MORE		8 URTS OLE LOT	10 HURTS WORST
No Pain Moderate Pain	7	o	Worst Pain
0 1 2 3 4 5 6	/	8	9 10