DENTISTREE DENTAL CLINIC

File No: 2306

Name: Mrs DEEPA ADTANI

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Email: adtanidrpooja@gmail.com

Date of Birth: 13/12/1954

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: _____

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?	✓		BP Thyroid
Have you ever been hospitalized or had a major operation?	✓		Fracture surgery
Have you ever had any complications following dental treatment?	✓		Numbness quadrant lower Left
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 VERTIGO.	

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		✗	Multivitamins
Asperin or Ibuprofen		✗	with high &
Reactions to metals		✗	frequent doses
Latex or rubber dam		✗	Causes
Foods		✗	uneasiness

Additional questions for women.	Yes	No	Others, Please Specify
Are you pregnant or trying to get pregnant?		✗	
if yes, expected delivery date: _____ N/A			
Are you taking oral contraceptives? N/A			

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
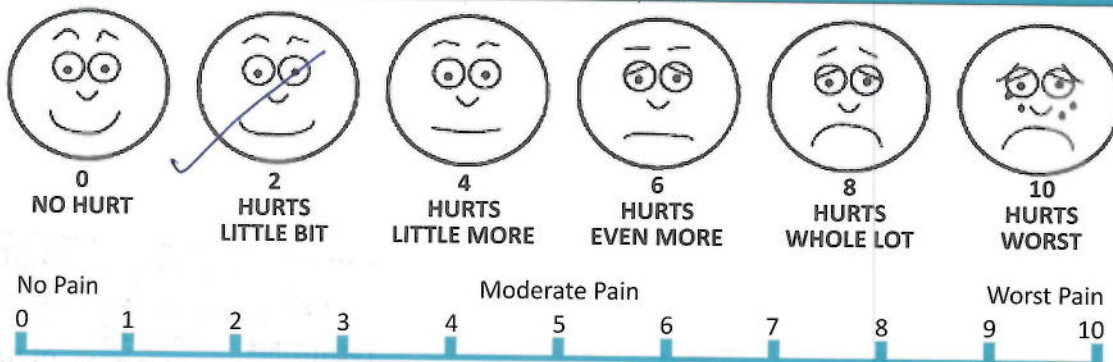
To the best of my knowledge, all of the preceding answer and information provided are true and correct.
If I ever have any change in my health, I will inform the doctor at the next appointment without fail.