

File No: 297K

| Name: Klementina Meza | | | |
|---|------------|----------------------|---|
| Mobile no.: +971502019789 Email: Klewentham | eza12 | 1360 | gmail, com |
| Date of Birth: 24.3.2001 Sex: OM | Nati | onality: | |
| How do you know about us? | O N | ewspape | ers Others |
| MEDICAL HISTORY | | | |
| Certain medical conditions can affect dental treatment and vice | vorca | | |
| | versa. | | |
| Please complete this form by answering the questions. | | | |
| hief Complaint: | | I I | |
| 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? | | V | |
| Have you ever had any complications following dental treatment? | | / | |
| Are you a smoker? | / | | whe |
| Do you have, or have you had any of the following | | | NEW COLORS AND AND ADDRESS OF THE PROPERTY OF |
| ○ High Blood Pressure ○ Low Blood Pressure ○ Rheumatic Fe | ver | (| Fainting / Seizures |
| Asthma Heart Attack Epilepsy | | (| Leukemia |
| Heart Disease Cidney Disease Liver Disease | | (| Lung Disease |
| ○ Thyroid Problem ○ Diabetes ○ Tuberculosis | | (| Hepatitis/Jaundice |
| Stroke Arthritis Cancer | | (| AIDS/HIV Infection |
| Creutzfeldt–Jakob disease (CJD) Others, Please | e Specify. | | |
| Are you allergic, or have you reacted adversely to any of the following: | Yes | No | Others, Please Specify |
| Local anesthetics (Novocaine) | | V | |
| Penicillin or other antibiotics | | V | |
| Asperin or Ibuprofen | | / | |
| Reactions to metals | | 1 | |
| Latex or rubber dam | | / | |
| 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? | | V | |
| PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR | CURREN | T PAIN II | NTENSITY |
| NO HURT HURTS HURTS HURTS NO HURT STEEL HURTS HURTS NO HURT HURTS HURTS HURTS | | 8 URTS OLE LOT | 10 HURTS WORST |
| LITTLE BIT LITTLE MORE EVEN MORE | VVIIV | JLL LUI | 4401/31 |
| No Pain Moderate Pain | WIII | JEE EOI | 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.