

File No:	3048

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Name: Nilcre Calupi	+						
Mobile no.: 554 3 63 7508	Email:	nikue.	Calupit @ a	mail	· lon		
Date of Birth: 19 oct 1990	Sex:	OM Ø		ionality		Flipino	
No. of the second secon	Family or Friends	○ Interi		lewspap		Others	
	MED	ICAL HISTO	)PV	100	M 32-50		
Certain medical conditions can			6-46				
		earment and	i vice versa.				
Please complete this form by answering	the questions.						
Chief Complaint:							
All details will be strictly confidential.			Yes	No	01	hers, 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?				V	_		
Are you a smoker?							
Do you have, or have you had any of the	e following						
○ High Blood Pressure ○ Low Blood Pressure ○ Rheumatic Feve					O Fair	nting / Seizures	
Asthma Heart Attack Epilepsy					O Leu	kemia	
○ Heart Disease ○ Kidney Disease ○ Liver Disease				O Lung Disease			
○ Thyroid Problem ○ Diabetes ○ Tuberculosis				Hepatitis/Jaundice			
Stroke Art	hritis	Cancer			O AID	S/HIV Infection	
Creutzfeldt–Jakob disease (CJD)		Others	, Please Specify				
Are you allergic, or have you reacted adv	ersely to any of the f	ollowing:	Yes	No	Ot	hers, Please Specify	
Local anesthetics (Novocaine)				/			
Penicillin or other antibiotics				-			
Asperin or Ibuprofen							
Reactions to metals				V	//		
Latex or rubber dam				//			
Foods				1	,		
Additional questions for women.			Yes	No/	Ot	hers, Please Specify	
Are you pregnant or trying to get pregna	ant?			1			
if yes, expected delivery date:							
Are you taking oral contraceptives?				V			
PLEASE SELECT	THE NUMBER THAT BE	EST REPRESENTS	YOUR CURREN	T PAIN I	NTENSIT	Y	
NO Pain	E BIT LITTLE MO		TS H	8 URTS OLE LOT	'	10 HURTS WORST	
0 1 2	3 4		5 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.