



File No:

3126

Name: Ganna Dolgozerova

Mobile no.: 0527806841 Email: dolgozerjA@gmail.com

Date of Birth: 29/11/1994 Sex:  M  F Nationality:

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: scale and polishing to be done

All details will be strictly confidential.	Yes	No	Others, Please Specify
Are you under a physician's care now?		NO	
Are you taking any medications, pills, or drugs?		NO	
Have you ever been hospitalized or had a major operation?		NO	
Have you ever had any complications following dental treatment?		NO	
Are you a smoker?		NO	

**Do you have, or have you had any of the following**

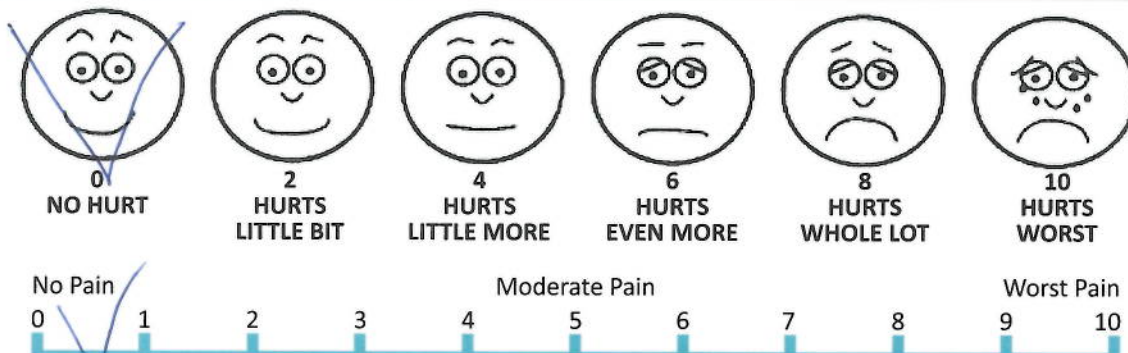
<input type="radio"/> High Blood Pressure	<input type="radio"/> Low Blood Pressure	<input type="radio"/> Rheumatic Fever	<input type="radio"/> Fainting / Seizures
<input type="radio"/> Asthma	<input type="radio"/> Heart Attack	<input type="radio"/> Epilepsy	<input type="radio"/> Leukemia
<input type="radio"/> Heart Disease	<input type="radio"/> Kidney Disease	<input type="radio"/> Liver Disease	<input type="radio"/> Lung Disease
<input type="radio"/> Thyroid Problem	<input type="radio"/> Diabetes	<input type="radio"/> Tuberculosis	<input type="radio"/> Hepatitis/Jaundice
<input type="radio"/> Stroke	<input type="radio"/> Arthritis	<input type="radio"/> Cancer	<input type="radio"/> AIDS/HIV Infection
<input type="radio"/> Creutzfeldt-Jakob disease (CJD)	<input type="radio"/> Others, Please Specify _____		

Are you allergic, or have you reacted adversely to any of the following:	Yes	No	Others, Please Specify
Local anesthetics (Novocaine)		NO	
Penicillin or other antibiotics		NO	
Asperin or Ibuprofen		NO	
Reactions to metals		NO	
Latex or rubber dam		NO	
Foods		NO	

**Additional questions for women.**

Are you pregnant or trying to get pregnant?	Yes	No	Others, Please Specify
Are you pregnant or trying to get pregnant?		NO	
if yes, expected delivery date: _____			
Are you taking oral contraceptives?		NO	

### PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR CURRENT PAIN INTENSITY



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.