DENTISTREE DENTAL CLINIC

File No: 374

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Date of Birth:	Sept. 03, 1989
Sex:	○ M ⊘ F
Nationality:	Filipino
How do you know about us?	○ Family or Friends ⊘ Internet ○ Newspapers ○ Others

MEDICAL HISTORY

Certain medical conditions can affect dental treatment and vice versa.

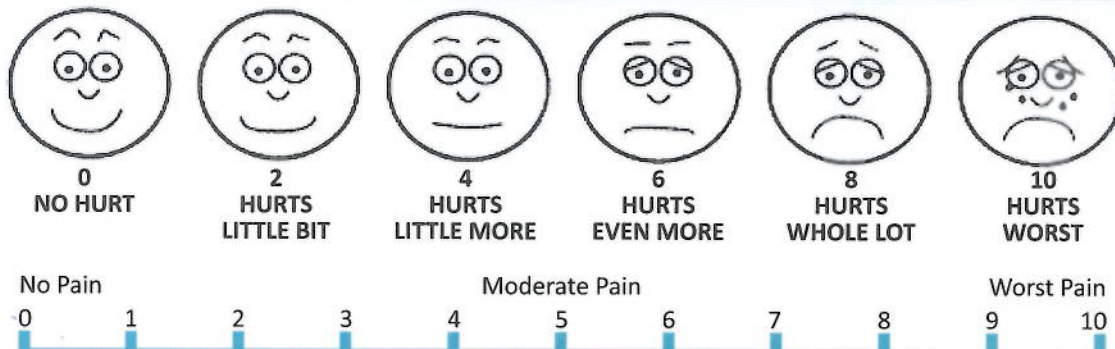Please complete this form by answering the questions.

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?		✓	
Have you ever been hospitalized or had a major operation?	✓	w/c	Ceasarian Section
Have you ever had any complications following dental treatment?		✓	
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_____		

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		✓	
Asperin or Ibuprofen		✓	
Reactions to metals		✓	
Latex or rubber dam		✓	
Foods		✓	

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 CURRENT PAIN INTENSITY

0	2	4	6	8	10
NO HURT	HURTS LITTLE BIT	HURTS LITTLE MORE	HURTS EVEN MORE	HURTS WHOLE LOT	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.