

File No: 3777

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Name: 12ABELLE CHIMN RI.	N					
Mobile no.: 0501629591		tomia	luce @ g	mail	. con	2
Date of Birth: 19.07.2018 Sex: OM ØF				Nationality: INDIAW		
How do you know about us?			O Newspapers O Others			
	MED	ICAL	HISTORY		100	
Certain medical conditions can affect of				10 KCO	8 8 6	
Please complete this form by answering the questions.						
VALUE - 10-10-10-10-10-10-10-10-10-10-10-10-10-1	Stions.			-		
Chief Complaint:				T		
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?					1	
Have you ever been hospitalized or had a major operation?					~	
Have you ever had any complications following dental treatment?				1	<b>/</b>	
Are you a smoker?					V	
Do you have, or have you had any of the followi	ng					
High Blood Pressure Low Blood P	ressure		Rheumatic Fev	er		Fainting / Seizures
Asthma Heart Attack	(		Epilepsy			Leukemia
Heart Disease Ckidney Disease Liver Disease				Lung Disease		
Thyroid Problem Diabetes Tuberculosis				Hepatitis/Jaundice		
Stroke Arthritis Cancer						AIDS/HIV Infection
Creutzfeldt–Jakob disease (CJD)		0	Others, Please	Specify		
Are you allergic, or have you reacted adversely to	any of the fo	ollowing	:	Yes	No	Others, Please Specify
Local anesthetics (Novocaine)					V	
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 NUME	BER THAT BE	EST REPR	RESENTS YOUR	CURREN	T PAIN I	NTENSITY
0 0 2 HURTS LITTLE BIT	4 HURTS LITTLE MO		6 HURTS EVEN MORE		8 URTS DLE LOT	10 HURTS WORST Worst Pain
0 1 2 3	4	5	6	7	8	9 10
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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.