

File No: 4708 SHAMNIS Name: Mobile no.: 0586882729 Email: SIt. Shamnes @ zmont. com Date of Birth: 19 OCT Sex: OM OF Indian Nationality: How do you know about us? Family or Friends ○ Internet Newspapers O Others **MEDICAL HISTORY** Certain medical conditions can affect dental treatment and vice versa. Please complete this form by answering the questions. Wisdom Chief Complaint: _ All details will be strictly confidential. Yes Others, Please Specify Are you under a physician's care now? BP & andustral. 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? 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 Hepatitis/Jaundice Diabetes **Tuberculosis** 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: 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 10 NO HURT **HURTS HURTS HURTS** HURT! **HURTS** LITTLE BIT LITTLE MORE **EVEN MORE** WHOLE OT WORST No Pain Moderate Pain Worst Pain 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.

Oral Health Information Adult				Yes	No		DENTAL CHARTING				
Do you gag easily?	T										
Do you wear dentures?	1			\Box	ΙĒ				LIDDED		
Does food catch between your teeth?	1				Ħ				OPPER		
Do you have difficulty in chewing your foo	12			ö	H			~ 7	8 9	10	
Do you chew on only one side of your mou	-			H	H	+		- 6	3000a	11	
Do your gums bleed easily?	-				H	+		3 (Q)	EF	12	
Do your gums bleed when you floss?	-				H	-	4		200 D	S 13	10
Do your gums feel swollen or tender?	H				H	-	3	B 6 6	Bolog	AH 601	4
Are your teeth sensitive?	-				H	-	20	6 . G	'	8 B	15
	H					-	40	ā • ā		8 8	16
Do you take fluoride supplements?	-			닏		-		8 - 6		A . A	
Do you prefer to save your teeth?	-			닏							
Do you want complete dental care?	L			Ш			_				
	L								1		
Oral Health Information Pediatric/Child	F		-	Yes	No	1	32 ((D) T (D)		Ox O	17
Does your child use a thoothpase with flou	d	in it?			П		310	බ් ැෙරි		ത് ത	18
Do you help your child with toothbrushing:	-	iii ici		H	H	+	30	ත ත		Ø 6	0
Have your child experince in a dental treatr	-				片	-	30	" "	Da 20	F M G	9
	ei	lt.			-	-	29	, (O) - a		N 0 20	•
Have your child ever had cavities?	-					-		28	DANGE	21	
Does your child complain of mouth pain?	-					-		27 26	35 34	23 22	
Does your child take a bottle to bed?	ļ.					4			LOWER		
Does your Child loves to eat foods like Choo	bla	tes, candy, snacks a lot?		Щ							
Does your child gums bleed easily?	L										
	L										
Health Information for TMJ	T			Yes	No		Category	0 = healthy	1 = changes	2 = unhealthy	Score
Do you clench or grind your jaws frequently	P							Smooth, Pink,	Dry, chapped,	Swelling or lump	
Do your jaws ever feel tired?	1					1	Lips	Moist	red at corners	ulcerated at corners	
Does your jaw get stuck so that you can't o	er	freely?		ī	H	1					
Does it hurt when you chew or open wide t	-				H	1	Tongue	Normal, Moist, Pink	Patchy, fissured, red, coated	Patch that is red & ulcerated, swollen	
Do you have earaches or pain in front of the	-					+			100,000.00	dicerated, swomen	
Do you have any jaw headaches upon awak	-					+	Gums &	Pink, Moist,	Dry, shiny, rough,	Swollen, bleeding	
Do you find jaw pair or discomfort extreme	-					-	Tissues	Smooth	swollen 1 to 6 teeth	Generalized redness	
Do you have a temporomandibular (jaw) di		A CONTRACTOR OF THE PROPERTY O				+	Saliva	Moist Tissues,	Dry, sticky tissues,	No saliva present	
Do you have pain in the face, cheeks, jaws,	-		-			+	Janva	Watery	Little saliva present	Tissues parched	
Are you unable to open your mouth as far a	-		-	H		-	Matural	No Decayed/	1 to 3 decayed /	4 or more decayed	
	У	ou want:			_	-	Natural Teeth	Broken Teeth	a hand a read	& broken teeth	
Are you aware of an uncomfortable bite?	-			Ц		4	-				
Have you had a blow to the jaw (trauma)?	-					-	Denture(s)	No Broken Areas	1 Broken Area	More than 1 broken	
Are you a habitual gum chewer or pipe smo	ke	f				_		Alcas			
and the second s		Section 1									
		FALL RIS	K AS	SSE	SSN	MEI	NT				
Falls are common for 65yrs of age and o	de		Points	Yes							
Do you fallen in the pass years?	H		2			1					
Are you using or advice to use cane or walk	1.5		2	-	-	-					
	11:					\ \v/					
Are you lose a balance while walking? You Worry about falling?	⊢		1			- GS1000	OUR	017			
	L	-1-1-2	1			F/	ALL KI	SK →			
Do you use your arm/s to push your self fro		2-000 (VI) 04 (VI)	1			-					
Do you have trouble stepping up onto a cru	D/S	teps?	1			0	1	2 3	4 5	6 7	8+
Are you sways when standing stationary?	L		1			-				i	01
Do you take short narrow step?	L		1							100	
Are you stamble often or look at the ground	-	en you walk?	1				河上 翻落		1	Section 1999	
Do you frequently have to rush to the toilet	-		1			_	OW MODERA	TE AT RISK	HIGH URGE	NT SEVE	DE
Do you have lost some feeling in one or bot	-		1			」'	.O4V IVIOUEKA	IL AIRIDA I	IIION UNGE	TEL SEVE	nc.
Do you take any medication to feel light hea	de	d or sleepy?	1						Dr. Chi	om Phat	
	L		14					(w)	Dr. Sny	am Bhat Maxillofacial Surge	ny l
		Total Points						TV Sp	ecialist Oral & A	Maxilloracial Surge	7 8
	П							DENTISTRE	DMA-002	12475-005	

Shop 3, Wasl Port Views 8, Next to Hyatt Place, Al Mina Road, Jumeirah 1, Dubai United Arab Emirates

Dentist Stamp:

Date

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