DENTISTREE DENTAL CLINIC	F	ile No:	
Name: Roma Jivari		+	
Mobile no.: 050 - 3869040 Email: romaj 87@grai	1.00		
Date of Birth: 8th June 1987 Sex: OM OF		: Indias	
How do you know about us?		ewspa	
MEDICAL HISTORY	a des		SCORES STORES
			SELECTION AND DESCRIPTION
Certain medical conditions can affect dental treatment and vice v	ersa.		
Please complete this form by answering the questions.	+		
Chief Complaint:	1		1
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?	/		
Have you ever had any complications following dental treatment?		1	
Are you a smoker?			
Do you have, or have you had any of the following			
High Blood Pressure	er		Fainting / Seizures
Asthma Heart Attack Epilepsy		Leukemia	
Heart Disease	\perp	Lung Disease	
Thyroid Problem Diabetes Tuberculosis	\perp	Hepatitis/Jaundice	
Stroke Arthritis Cancer			AIDS/HIV In fection
Creutzfeldt–Jakob disease (CJD) Others, Please S	Specify.	#	
Are you allergic, or have you reacted adversely to any of the following:	Yes	No	Others, Please Specify
Local anesthetics (Novocaine)		1	
Penicillin or other antibiotics		1	
Asperin or Ibuprofen Reactions to metals			
Latex or rubber dam		1	
Foods		-	
		4	
Additional questions for women. Are you pregnant or trying to get pregnant?	Yes	No	Others, Please Specify
if yes, expected delivery date:		1	
Are you taking oral contraceptives?			
	LIDDEN	T DA IAI	MITTALCITY
PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR CO	UKKEN	PAIN	INTENSITY
NO HURT HURTS HURTS HURTS HURTS EVEN MORE		8 JRTS DIE LOT	10 HURTS WORST
An environmental control of the cont			
No Pain Moderate Pain 0 1 2 3 4 5 6	7	3	Worst Pain 9 10
	400-100000000000		100-100 PM

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 Inform	ation Adult			Yes	No	DENTAL CHARTING						
Do you gag easily?												
Do you wear dentur	es?					1			UPPER			
Does food catch be	ween your teeth?							R	1	1.		
Do you have difficu	ty in chewing your foo	?			6			. 7	8 9	10		
Do you chew on on	one side of your mou	h?			1	1		5	300	Sec.	40	
Do your gums blee	easily?						4	0	E F	3	12	
Do your gums bleed	when you floss?				1				9/2/4/6	E T	0^{13}	
Do your gums feel:	wollen or tender?				7		3 (D (D		Ø.	@1	4
Are your teeth sen					7	1	2 (3) = (3)		(0)	(Q)1	15
Do you take fluorid					0	Í	1 (D A (D)		@1	(0)1	16
Do you prefer to sa	e your teeth?					1						
Do you want comp	ete dental care?			6		1						
						,						
						,					0	_
Oral Health Inform	ation Pediatric/Child			Yes	No		32 (Q) T (Q)		(C) K	@	17
Does your child use	thoothpase with flour	de in it?] [31(3) a (C)		Ø)r	(0)	18
Do you help your ch	d with toothbrushing?]	30	ON "CO	bd	(Q) ₁₁	(2) 1	9
Have your child exp	rince in a dental treatn	ent?				1	29	G 20	ACHOL	N	2) 20	
Have your child ever	had cavities?					1		28	PO	OP	21	
Does your child com	plain of mouth pain?					1		27	300 C	22		
Does your child take	a bottle to bed?					1		26	25 24	23		
Does your Child love	s to eat foods like Choc	olates, candy, snacks a lot?				1			LOWER			
Does your child gum	s bleed easily?											
Haralah Informatio	for Their					1 1	C-1	0 1 11	1	2		C
Health Informatio				Yes	No		Category	0 = healthy	1 = changes	2 = unh	eartny	Score
	nd your jaws frequently	P				.	Lips	Smooth, Pink,		Swelling		
Do your jaws ever fe								Moist	red at corners	ulcerated a	t corners	
	uck so that you can't op						Tongue	Normal,	Patchy, fissured,	Patch that		
	u chew or open wide t						Tongue	Moist, Pink	red, coated	ulcerated,	swollen	
	s or pain in front of the						Gums &	Pink, Moist,	Dry, shiny, rough,	Swollen, I	bleeding	
	headaches upon awak						Tissues	Smooth	swollen 1 to 6 teeth	Generalize		
		y frustrating /depressing?						Moist Tissues	Dru etickuticeues	No saliva	procent	
	promandibular (jaw) dis						Saliva	Moist Tissues, Watery	Dry, sticky tissues, Little saliva present	Tissues p		
		oints, throat, or temples?					111000000000000000000000000000000000000		4. 4.		4	
	en your mouth as far a	you want?					Natural Teeth	No Decayed/ Broken Teeth	1 to 3 decayed / 1 broken teeth	4 or more & broke		
	uncomfortable bite?						iccui					
	to the jaw (trauma)?						Denture(s)	No Broken	1 Broken Area	More than	1 broken	
Are you a habitual g	ım chewer or pipe smo	ker?						Areas				
	THE PARTY OF THE P	FALL RIS	SK A	SSE	SSN	/FI	JT.		1000	3.44 X	4 (0.5)	
Falls are common	or 65yrs of age and ol	the state of the s	-									
	1000	uei.	Points	Yes	No	-						
Do you fallen in the			2			-						
	ce to use cane or walk	r?	2			N//						
Are you lose a balan			1			1 11 11 11 11 11	OUR					
You Worry about fal	10000		1			F	ALL RI	SK →				
	s to push your self fro		1									
	stepping up onto a cru	/steps?	1			0	1	2 3	4 5	6	7	8+
	standing stationary?		1			Ľ.		1 1	1	ĭ	í	0.
Do you take short na			1				Page 1		A TORR			
Are you stamble oft	n or look at the ground	when you walk?	1				- 100					
	ve to rush to the toilet		1			1/	OW MODERA	TE AT RISK H	HIGH URGE	NT	SEVE	RE
	ne feeling in one or bot	The second secon	1				JAN WODERA	NE ALKIJA I	non onot	444	SEVE	110
Do you take any me	ication to feel light hea	ded or sleepy?	1									
			14					processor .				
		Total Points						g.) - 0	-	ACCORDING NAME OF STREET	-
								1 18	/ Dr. 1	ratik	Prem	jani
								DENTIS	opec	alist O	Handa	m 4.5
Shop 3, Wasl Port Vie	vs 8,									4-11111	1000	200
Next to Hyatt Place,	L 1 D. L .							wentist	Stamp : E D	ENTAL	CLIN	VIC I
Al Mina Road, Jumeir United Arab Emirates									42	-		-
Office Arab Efficates								Date	:			
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