



# DENTISTREE DENTAL CLINIC

File No:

5285

Name: Muhammad Arbab Perirax

Mobile no.: 0585570098

Email:

Date of Birth: 02/11/1997

Sex: ☒ M ☐ F

Nationality: Pakistani

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?

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

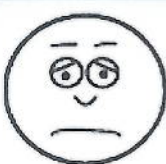
NO HURT



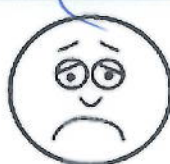
2

HURTS  
LITTLE BIT

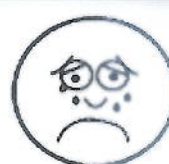
4

HURTS  
LITTLE MORE

6

HURTS  
EVEN MORE

8

HURTS  
WHOLE LOT

10

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.

