



DENTISTREE DENTAL CLINIC

File No:

5396

Name:	Husam Khaled Mohammed Almustafa		
Mobile no.:	0557664118	Email:	Husam.almustafa@hotmail.com
Date of Birth:	27-11-1993	Sex:	☒ M ☐ F
How do you know about us?	☒ Family or Friends	☐ Internet	Nationality: ☐ 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	0	1	2	3	4	5	6	7	8	9	10	Worst Pain
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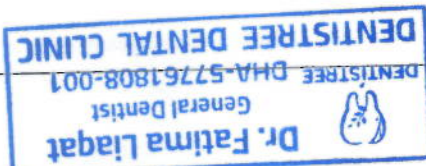
To the best of my knowledge, all of the preceding answer and information provided are true and correct.
If I ever have any change in my health, I will inform the doctor at the next appointment without fail.

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

Dentist Stamp :

Date

11/08/25



FALL RISK ASSESSMENT

Falls are common for 65yrs of age and older.		Points	Yes	No
Do you fallen in the pass years?	2	☐	☐	☐
Are you using or advice to use cane or walker?	2	☐	☐	☐
Are you lose a balance while walking?	1	☐	☐	☐
You Worry about falling?	1	☐	☐	☐
Do you use your arm/s to push your self from a chair?	1	☐	☐	☐
Do you have trouble stepping up onto a curb/steps?	1	☐	☐	☐
Are you sways when standing stationary?	1	☐	☐	☐
Do you take short narrow step?	1	☐	☐	☐
Are you stamble often or look at the ground when you walk?	1	☐	☐	☐
Do you frequently have to rush to the toilet?	1	☐	☐	☐
Do you have lost some feeling in one or both of your feet?	1	☐	☐	☐
Do you take any medication to feel light headed or sleepy?	1	☐	☐	☐
Total Points		14	☐	☐