※当院記入

Shikanomori Dental Clinic Medical Questionnaire

regularly

Date: / / 20

medical	Q	JES LIU	IIIIaii e	-	Date		/	/ 20	
						Birth		Gende	er
Name						/	/ 20	M۰F	F
Home								<u></u>	
addres s									
Tel		-	-		<pre>%Phone numb is acceptable)</pre>	er where you	ı can be reached durin	g the day (cell pl	hone
Most Concern or Reason for		ymptom							
Time of the symptom on	set	Today	• Yester	day • Ak	oout (days∙we	eeks •months •ye	ars) ago	
Time of last visit of dental	office	About (days∙we		ıs∙years) ago	/ Treatm	ent details ()
Intensity of p	ain		0 1 pain	2 3	4 5 Moderate pair	6 7 1	8 9 N	10 Iax pain	
Causes of pa	Ses of pain Pain with cold foods or drinks \cdot Pain with hot foods or drinks \cdot Biting p					ing pain • Always	in pain		
Location of sympt	oms	Upper • Lower/Right • Left/Incisors • Molars • Gum • Lip • Cheek • Jaw • Tongue • Others ())							
Therapeutic Requ	uests	Treat on	ly the symp	tomatic (p	painful) part	• Trea	ated as much a	as possible	:
Difficulties in treatr	in treatment Fear of dental treatment • Fear of pain • Vomiting reflex • Panio Difficulty in opening mouth • Painful jaw joint • Difficulty in lying on b								
Allergies		Are y	ou allergi	c to any	foods or d	lrugs ?	(Yes•	No)	
Foods and drugs	5								
that cause aller Abnormal reaction to loc	5								
anesthesia	ai	Never had local a	nesthesia • No a	bnormal reactio	ns • Abnormal read	tions or sym	nptons:()	
Abnormal bleedi	ng	Have you h	ad prolonge	ed abnorm	al bleeding i	n the pa	st? (Yes •	No)	
llnesses that an being treated or have been treat the past			nyocardial infarctio • Malignant tumoi • Otitis media • hepatitis	(cancer)	Cerebral infarc Hypertens ion SLE, etc. (collagen d HIV	• asthma	hemorrhage/s ubarachno • os teoporos is • thyroid dis ea (• Kidney Dise	eases)
Clinics currently being atter	nded	No • Ye	department in	the field of me	dical care:)	
Drugs used		All in the Names o		on book	(No medi	cation	book•Yes•	No)	

History of surgical operations	No •	Yes (Name of operations:)		
History of radiother	ару	No • Yes (When:)		
History of chemot	herapy	No • Yes (When:)		
Pregnancy/possibility of	pregnancy	No • Yes (week of pregnancy • poss	(week of pregnancy • possibility)		
Breast-feeding	No · `	Yes (full breast-feeding • bottle feeding •	both)		