Shine Smile CLINIC

Registration No: _____

NEW PATIENT FORM

Patient Name: _____ **Age:** _____ **Gender:** ☐ M ☐ F

Date of Birth: _____ **Nationality:**_____ **Name of Parent/ Guardian, if under 18**_____

Address in UAE: _____

Email: _____ **Mobile:** _____ **Occupation:** _____

Who can we call in case of Emergency (Name & Tel. #): _____

WHAT IS YOUR REASON FOR DENTAL CONSULTATION? _____

Medical History

1. **Are you under medical treatment now?** ☐ **YES** ☐ **NO**
   If yes, please specify: _____
2. **Have you ever been hospitalized/ had surgery?** ☐ **YES** ☐ **NO**
   If yes, please specify: _____
3. **Have you had any dental treatment in the past?** ☐ **YES** ☐ **NO**
   If yes, please specify: _____
4. **Have you had any unusual reactions to dental injections or dental treatment?** ☐ **YES** ☐ **NO**
   If yes, please specify: _____
5. **Are you allergic to any medications:** ☐ **YES** ☐ **NO**
   If yes, please specify: _____
6. **Are you subject to fainting spells?** ☐ **YES** ☐ **NO**
   If yes, please specify: _____
7. **Have you ever been diagnosed as having AIDS/ HIV + ?** ☐ **YES** ☐ **NO**
   If yes, please specify: _____

PAIN SCALE

Blood Pressure: _____

8. **Have you ever received Cobalt or Radiation Therapy?** ☐ **YES** ☐ **NO**
   If yes, please specify: _____

9. **Are you subject to prolonged bleeding?** ☐ **YES** ☐ **NO**
   If yes, please specify: _____

(FOR WOMEN ONLY)

a) **Are you pregnant?** ☐ **YES** ☐ **NO**

b) **Are you breastfeeding?** ☐ **YES** ☐ **NO**

Have you ever been treated for any of the following?

☐ Heart Disease	☐ Rheumatic Fever	☐ Persistent Cough	☐ Cancer
☐ Heart Murmur	☐ Diabetes	☐ Lung Disease	☐ Anemia
☐ Stroke	☐ Glaucoma	☐ Asthma	☐ Jaundice
☐ Epilepsy	☐ Sinus Trouble	☐ Tuberculosis	☐ Hepatitis B/D
☐ Cardiovascular Disease	☐ Venereal Disease	☐ Abnormal BP	☐ Ulcers
☐ Congenital Heart Lesions	☐ Blood Dyscrasias	☐ Hypertension	☐ Thyroid

I certify that the information provided in this document are true, accurate & complete.

_____ _____

Patient/ Guardian Signature **Date**