

## Dr. Ahmed Sharaf, D.D.S www.udental.ca

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**MEDICAL HISTORY** 

## **CONTACT INFORMATION**

Name		Do you have any allergies? Please list below:	
Address			
City	Province	Do you have or have you ever had any heart of Pressure problems?	
Postal Code	Birthday	Do you have or have you ever had a replacem repair of a heart valve, an infection of the hear	
Home Phone	Cell Phone	(i.e. infective endocarditis), a heart condition function (i.e. congenital heart disease) or a heart transp	om birth
Email		Do you have a prosthetic or artificial joint?	<u>Y</u> <u>N</u>
Best way to contact you to confirm appointments:		Do you have any conditions or therapies that	
O Email O Text	O Both	your immune system, e.g. leukemia, AIDS, HI infection, radiotherapy, chemotherapy?	
EMERGENCY CONTA	ACT INFORMATION	Do you have a bleeding problem/bleeding dis	order? Y N
Name		Do you have a pacemaker? Y	N_
Relationship		Do you smoke or use a vaporizer?Y_	N
Phone Number		Have you ever been hospitalized for any illnesplease explain.	sses or operations, if yes,
Name of your Family Doctor			
The following information is req	DICAL HISTORY  uired to enable us to provide you	Please list any other medical conditions you diabetes, asthma, depression):	have/had in the pa (i.e.
with the best possible dental ca private, and is protected by doc	•	For women only:	
Are you being treated for any mod	lical condition at the present or boys	Are you or could you be pregnant?	
Are you being treated for any medical condition at the present or have you been treated within the past year? If so, why?		Are you breastfeeding?  Expected delivery date:	
		Expected delivery date.	
		TREATMENT CONS	
Has there been any change in yo If yes, please explain.	ur general health in the past year?	I, the undersigned, understand that the in the medical history is important to that all of the information I have comple haven't knowingly omitted data.	my treatment. I certify
		Patient/Guardian Signature	Date
Are you taking any medications, r supplements of any kind? If yes, p			
		Dentist Signature	Date