Date	: Name:	RN:
Med	dical History Form And Informed Consent For Basic	Treatments
We r All th	se fill in the medical history below:- need to know your current health condition, to provide suitable a ne information provided is strictly confidential. If you have any p eceptionist for assistant.	
No healt Med	n, my body and mind are healthy, I do not want to give any inforr h, but I Insist the dentist to treat me. I agree that in the future, i ical History voluntarily, (I shall omit this form partially or wholly ation to ask again.	f I am not disclose my
1.	Have you ever been hospitalized? If 'Yes' please give details Sickness Operation: Accident/Injury Childbirth Other:	□Yes □No
2.	Do you have or ever had the following diseases or problems? If 'Yes' please specify: Yes No Heart Live Kidney Lung Asthma Blood G6PD Epilepsy or Fainting Jaundice Cancer/ Radiation/Chemotherapy Other please specify:	□Yes □No
3.	Do you have or ever had diabetes?	
4. 5.	Do you have or ever had high blood pressure? Do take medicines regularly (other than tonic)? If yes, please specify the name of medicines or what are the purposes:	□Yes □No □Yes □No
6.	Female:	
6A 6B	Are you pregnant or expecting a baby?Months Are you breastfeeding your baby ?Months	□Yes □No □Yes □No
6C	Are you on the contraceptive pill? NOTE: If you are likely to be pregnant on you next time to this clinic, please let the dentist know immediately.	□Yes □No
7.	Do you have or ever had any infection disease? If 'Yes' please give details: Hepatitis AIDS/ HIV Tuberculosis (TB) SARS Others:	□Yes □No
8.	Do you (a) bruise easily or when you are cut? (b) Bleeding excessively when you are cut?	□Yes □No □Yes □No
9.	Do you allergic to anything? If 'Yes' please specify: Medicine:	Yes No
10.	 Food: Others : Others : Do you have the following habit(s)? If 'Yes' please specify: Drinking Alcohol Smoking Diverse (Pathle 1) the interview 	□Yes □No
11.	 Pinang (Betel nut) chewing Have you encounter any complication or side effect at previous dental treatment? Pain Swelling Prolonged Bleeding Phobia/Afraid 	□Yes □No
12.	Others: If you have any ailment which are not included above,	□Yes □No
	please inform the dentist:	
the r Prote notic I not proce will k I will	her confirmed that I have been given the introduction of Public notice board/wall regarding 1)Clinic Policy and House Rules 2)Da ection Policy 3)Fee Schedule 4)Complaint Protocols and other Pu the board. ice that this is not a blanket consent, I shall verbally consent only edures such as examination/treatment planning, cleaning, filling edures eg. Wisdom Tooth Removal, Braces, Implant, Whitening, pe given. report any changes in my health, including any medication take , infection diseases, illness, allergies and operation to the dentist	ita And Privacy iblic Notice on the y for simple . For other a separate consent n within the last 14
For p healt Of th Signa	versons under 18 years, parent/guardian will be responsible to re h. The signature le parent/ guardian affixed here will be taken as consent for trea ature of	
	, ,	

Staff Initials: 医疗病史和基本治疗的知情同意

我们需要了解阁下之健康状况,以便在牙齿保健时,能采取最适当之治疗。 如有问题请询问柜台的接待员。阁下提供的资料将被视为机密

□**不愿意提供**资料: 我身心健康, 我不愿意提供我的健康资料, 但是仍然要牙科 医生治疗。我同意以后牙医没有义务询问我的病历,除非我主动告知

1.	您是否住 过医院?若' 有 '请写明:- □疾病:□手术:□意外/受伤:	□有□无
	□生产 □其它:	
2.	您曾经患过下列的病症/问题吗?若'有'请写明:-	□有□无
	□心脏病 □肝脏病 □肾脏病 □哮喘 □血液病 □G6PD	
	□黄疸病 □癲痫/昏迷 □ = = = = = = = = = = = = = = = = = = =	
	□ 癌症/ 电疗/化疗 □其它(请写明):	
3.	您是否有糖尿病?	□有□无
4.	.您是否有高血压?	□有□无
5.	您是否有 长期吃药(除了补药/维生素)?	□有□无
	有无 若'有'请写明药名或用处:	
6.	女性:	□有□无
6A	. 您是否 孕或预备怀孕? 个月	□有□无
6B	您是正在怀否正在喂为孩子喝人奶?个月大	□有□无
6C	您是否有吃或使用避孕剂?	□有□无
	注意:下一次复 诊时有怀孕请告诉牙医。	
7.	您是否有任何的传染病?若'有'请写明:-	□有□无
	□肝炎 □ 爱滋病 (AIDS/HIV) □肺结核(TB)	
	□ 嚴重急性呼吸系統綜合症(SARS) □ 其它(请写明	
):	
8.	您容易有 (a)瘀 肿?	□有□无
	(b)流血不止吗?	□有□无
9.	您有对什么东西过敏/敏感吗?若'有'请写明:-	□有□无
	□药物:□金属:□橡胶 □食物: □其它	
10		
10.	. 您有下列的 习惯吗 ?若'有 '请写明:-	□有□无
4.4		
11.	您以前在治 疗牙齿是否有任何并发症/问题 ?若'有 '请写明:-	□有□无
	□疼痛 □ 肿胀 □流血难止 □恐惧症 □其它	
12.	如果您患有上述以外之病痛 , 请通知牙医。	□有□无
	其它备忘录:	
	一步证实,我明白布告/墙上了关于 1)诊所政策公告 2.)个人隔	急私和数据
保护	政策3)费用表4)投诉协议和公告板上的其他公告。	
我注	意到这不是一揽子同意,我只会口头同意简单的程序,例如	合杏/治疗计
	洁牙,补牙。对于其他治疗,例如拔智慧牙,牙套,植牙,根	
),美白等,将另外给予同意。	ц (1) (1
	白需要在每次治疗前通知我的牙医,关于我最新的健康状况:	疾病, 传染
	效感,手术,最近14天所用或,吃过的药。	
고누	川 岩N 玉,甘公母或陈拓上松台書向任医招生放音之健康(4)、	口,泣主故
	八 岁以下,其父母或监护人将负责向牙医报告孩童之健康状/ 签名将作为同意接受治疗。	儿' 达衣俗
⊥∠:		
	へ 亲/母亲/监护人 签名 (X)	
ند ⊔ .	минии // ши // мл. (/)	