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Active Tuberculosis						- 0	63	0		
Persistent cough greater than a 3 week duration						- 5	- 63	0		
Cough that produces blood						_ 0	(D)			
seen exposed to anyone with	f the 4 items above, please stop			-	to diament the later				-	
Dental Informa	ition for the following question		ecor Nico	omark DK	00 your respon	uses to the folio	owing questions.	Yes	No	(Desc
Do your gums bleed when yo	u brush or floss?	O 1		- 13	Do you have	saraches or nex	ck pains?	- 0	E3	(0)
Are your teeth sensitive to cold, hot, sweets or pressure?		D 1			Do you have:	any dicking, po	opping or discomfort in the jaw?	D		- (3)
Does food or floss catch between your teeth?		0 1		(0)	Do you brux or grind your teeth?				(D)	(3)
Is your mouth dry?		O 1		- 13	Do you have sores or ulcers in your mouth?			D	100	100
Have you had any periodontal (gum) treatments?			ο.	-			rtsals7		D .	- 12
Have you ever had orthodontic (braces) treatment?		0 1		(C)	Do you partic	ipate in active r	recreational activities?	_ 0	(1)	(3)
Have you had any problems ass	ociated with previous dental				Have you eve	r had a serious	injury to your head or mouth?		\Box	173
treatment?				(1)	Date of your l	last dental exar	mC .			
Is your home water supply fluoridated?				-	What was do	ne at that time	5			
	d water?	12.								
	DAILY / WEEKLY / OCCASIONALLY				Date of last d	ental seraps:				
Are you currently experiencing	dental pain or discomfort7									
What is the reason for your di	ental visit today?									
How do you feel about your s	mile?									
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Physician Name: Phone: include area code			hospitalized in the past 5 years? If yes, what was the illness or problem?					- (3)		
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Has there been any change in y the past year?				п		st all, including	vitamins, natural or herbal prep			
If yes, what condition is being		-	man III	-	Annual Col. Section 200					
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Louise Rebraca Shives

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