eksote

Dental Care

PRELIMINARY INFORMATION FOR DENTAL CARE

Confidential

Information given is confidential and aids in treatment planning

Surname (also previous names)		
First name	Date of birth and personal identity no.	
Address		
Postcode	Postal area	Resident municipality in Finland
Occupation	Place of employment or study	
Home or mobile telephone no.	Work telephone no.	

	Yes	No		Yes	No
Do you have any problems regarding your oral health at the moment? Please specify _____	☐	☐	Are you pregnant? Expectant delivery date _____	☐	☐
Are you in good overall general health at the moment?	☐	☐	Do you smoke or use tobacco products?	☐	☐
Are you (or have you previously been) under continuous medical or hospital treatment?	☐	☐	Do you use narcotic substances?	☐	☐
Have you received radiation treatment in the head or neck region?	☐	☐	Have you had any allergic reaction to local anesthetic?	☐	☐

Are you sensitive or allergic to any medication or substance (eg. penicillin, aspirin, latex, food ingredient)? Yes ☐ No ☐

Please specify _____

Do you use any medication often or regularly? Yes ☐ No ☐

Name of medication _____

Other relevant information

_____

Please indicate if you have (or had) any of the following symptoms or diseases (mark all applicable)

☐ Heart or vascular disease	☐ Thyroid disease	☐ Renal disease
☐ Pacemaker of the heart, Artificial valve	☐ Rheumatic arthritis, Rheumatic fever	☐ Liver disease
☐ Hypertension, Blood pressure	☐ Artificial joint (eg. hip joint)	☐ Hepatitis B
☐ Hematologic disease, Anemia	☐ Recurring headache	☐ Hepatitis C
☐ Bleeding or coagulation disorder	☐ Epilepsy	☐ HIV-infection (AIDS)
☐ Diabetes	☐ Gastric ulcer	☐ Psychiatric disorder
☐ Pulmonary disease, Asthma	☐ Other disease/disorder, please specify _____	

Other information

_____

_____

Date	Signature

Changes

Clear form Print form