PRELIMINARY INFORMATION FOR TREATMENT

To ensure that you get the best treatment it is important that your dentist has proper information on your health status. The information is confidential.

Name ..... Date of birth .....

Home address ..... Postal code .....

Place of employment ..... Profession .....

Telephone ..... (home) ..... (work)

	Yes	No	Don't know
1. What health checks have you had since arrival to Finland			
2. Are you in good health right now?	☐	☐	☐
3. Are you at the present (or have you previously been) under continuous medical treatment ..... by a physician (other than a dentist)	☐	☐	☐
4. Do you use medication regularly or often	☐	☐	☐
Please indicate what medication:			
5. Are you sensitive or allergic to some medicine or other substance? (eg. penicillin, sulphonamides, aspirin, iodide, food substance, rubber)	☐	☐	☐
Please indicate the substance:			
6. Have you ever had a local anesthetic?	☐	☐	☐
Has it caused any trouble?			
7. Have you received radiation treatment?	☐	☐	☐
8. Are you pregnant?	☐	☐	☐
9. Do you have one or more of the following diseases or symptoms?			
heart or vascular disease	☐	☐	☐
pacemaker of the heart	☐	☐	☐
hypertension or elevated blood pressure	☐	☐	☐
hematologic disease or anemia	☐	☐	☐
disorders of blood coagulation	☐	☐	☐
diabetes	☐	☐	☐
asthma	☐	☐	☐
pulmonary disease	☐	☐	☐
thyroid disease	☐	☐	☐
rheumatic arthritis	☐	☐	☐
rheumatic fever	☐	☐	☐
gastric ulcer	☐	☐	☐
renal disease	☐	☐	☐
liver disease, hepatitis	☐	☐	☐
HIV-infection (AIDS)	☐	☐	☐
epilepsy	☐	☐	☐
repeatedly occurring headache	☐	☐	☐
psychic disorder	☐	☐	☐
some other general disease, what			
10. Do you have: an artificial joint (eg. hip joint)?	☐	☐	☐
an artificial heart valve?	☐	☐	☐
Something else, please state what:			
11. When did you last have your teeth fixed or treated?			
12. Why did you now come in for treatment			

.... / ....

Patient's signature

Finnish Dental Association
n:o 1015