YLÖJÄRVI

YLÖJÄRVEN KAUPUNKI
Dental care

PRELIMINARY INFORMATION FOR DENTAL CARE

Surname (previous also)	Occupation	
First names	Date of birth and social sec.no.	Resident municipality (kirjataan)
Address / Postal code	Telephone, home	work
Place of employment or study		

All information in confidential will ensure the best possible dental care.

GENERAL HEALTH

	yes	no
Are you in good health at the moment?	☐	☐
Have you previously been under continuous medical or hospital treatment?	☐	☐
Have you used continuously medication? Please state what ____________________ ____	☐	☐
Are you pregnant?	☐	☐
Do you smoke?	☐	☐
Do you use narcotics?	☐	☐

	yes	no
Are you allergic to some medicine or other substance?	☐	☐
Medicine, please state what? ____ ____		
Other substance, please state what? ____ ____		
Have you ever had a local anesthetic?	☐	☐
Have you had radiation treatment?	☐	☐

GENERAL DISEASES
Do you have one or more of the following diseases or symptoms?

	yes	no
Heart and vascular disease	☐	☐
Elevated blood pressure	☐	☐
Hematologic disease	☐	☐
Disorders of blood coagulation	☐	☐
Diabetes	☐	☐
Asthma	☐	☐
Thyroid disease	☐	☐
Rheumatic arthritis	☐	☐
Renal disease	☐	☐
Liver disease	☐	☐

	yes	no
Hepatitis B	☐	☐
Hepatitis C	☐	☐
HIV-infection (AIDS)	☐	☐
Epilepsy	☐	☐
Repeatedly occurring headache	☐	☐
Psychological disorder	☐	☐
other general diseases, please state what? ______________ ________________________________	☐	☐
An artificial joint	☐	☐
An artificial heart valve	☐	☐
Pacemaker	☐	☐

OTHER INFORMATION: ____
____
____

Date Signature