

Esitiedot hampaiden ja suun hoitoa varten, englanti

PATIENT HISTORY FOR DENTAL AND ORAL CARE

To ensure patient safety, your dentist needs information about any illnesses and medications you may currently have. The information will be treated as confidential.

Name _____ Identity code _____ - _____

Home address _____

Postal code _____

Cell phone _____

E-mail address _____

GENERAL HEALTH

How would you characterise your current health? _____

Do you have or have you had any of the following conditions?

Allergy (medicines, foodstuffs, rubber), please specify. _____

Heart or vascular condition

myocardial infarct pacemaker

valve disorder cardiac

valve prosthesis

Cerebral infarction

Elevated blood pressure

Blood disease, anaemia

Bleeding tendency

Diabetes

Respiratory disease, asthma

Intestinal disease

Osteoporosis

Liver disease, hepatitis

Thyroid disease

Cancer

Neurological disease, epilepsy

Rheumatic disease

Mental disorder

Poor vision or hearing

Blood-transmitted disease

MRSA, VRE, or equivalent hospital-associated infection

HIV

Recurrent headache

Other illness, please specify _____

Additional information that you would like to share:

I take medication regularly. Please specify.

Additional information that you would like to share:

I am pregnant, expected date of delivery _____

I have received radiation therapy on my neck or head area.

I have a joint prosthesis, ventricular prosthesis or other artificial implants.

I have received an organ transplant.



Have you experienced side-effects due to local anaesthesia? Please specify

SMOKING AND USE OF SUBSTANCES

Smoking and use of substances have an effect on oral health.

I smoke cigarettes or use snuff _____ times/day.

How often have you used alcohol in the past 12 months?

- 6 to 7 times/week 3 to 5 times/week twice/week once/week
- a couple of times/month less frequently I have not used alcohol in the past 12 months

DENTAL AND ORAL HEALTH

Reason for seeking treatment: _____

When have you last had a full dental/oral check? _____

When have you last received dental/oral treatment? _____

Have there been any problems in your dental care? Please specify. _____

How often do you brush your teeth?

- twice a day minimum once a day less frequently

How often do you clean between your teeth?

- once a day minimum a couple of times/week 1 to 2 times/week less frequently

Which of the following best describes your eating habits?

- I eat 4 to 6 healthy and regular, planned meals a day.
- I eat 2 to 3 healthy and regular meals a day.
- I eat 2 to 3 irregular meals a day and have snacks between meals.
- I eat irregularly and have snacks during the day.

When I am thirsty, I drink _____

- I drink daily soft drinks / juices sports/energy drinks other sweet/acidic drinks

Information according to Personal Data Act (523/99)

The information you have provided will be stored in a patient register maintained by Kainuun Hyvinvointialue. Your patient information is confidential. The information will be released only with your permission or if required by law. You have the right to examine your patient information stored in the register.

Date ___/___/_____

Signature _____