TAMPEREEN KAUPUNKI
Sosiaali- ja terveyspalvelut
Suun terveydenhuolto

PRELIMINARY INFORMATION FOR DENTAL CARE

Merkittävät tiedot kirjataan potilaskertomukseen

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

All information in confidential and 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, anaemia	☐	☐
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

D1103

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