

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

Address

Postal code

Telephone

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

Musculoskeletal disorder

Rheumatic disease

Osteoporosis

Renal disease

Liver disease, hepatitis

Thyroid disease

Cancer

Neurological disease, epilepsy

Recurrent headache

Mental disorder

Poor vision or hearing

Blood-transmitted disease

MRSA, VRE, or equivalent hospital-associated infection

HIV

Other illness, please specify

Additional information that you would like to share:

I take medication regularly. Please specify.

- 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

I am on a special diet. Please specify.

Information as required by the General Data Protection Regulation (GDPR)

I have read the information about the processing of my personal data, which has been provided to me on a separate form.

Giving consent

I give my consent for the storage of my patient information in a centralised patient register. This register is maintained by the dental centre and its dentists who participate in centralised collection of patient information. Your patient information is confidential. With your consent, the dental centre can use this information in matters relating to your treatment. The information will be released to others only with your permission or if required by law. You can withdraw your consent at any time. For additional information, see the information form provided by the dental centre.

Date

Signature