Vantaan ja Keravan hyvinvointialue
Vanda och Kervo välfärdsområde

PRELIMINARY INFORMATION FOR DENTAL CARE

The information in the form is treated in confidence

PATIENT INFORMATION

Name

Identity number

Address

Postcode and post office

Tel./home

Tel./work

1. Why do you seek dental care

2. Earlier dental care

	no	yes	cannot say
3. Is your health good at the moment	☐	☐	☐
4. Are you allergic to any medicines or other substances (e.g., penicillin, sulfa, iodine, aspirin, rubber, foodstuff), what	☐	☐	☐
5. Are you now, or have you earlier been, in permanent medical treatment	☐	☐	
6. Do you take any medicine regularly or frequently (including birth-control pills), what:	☐	☐	
7. Have you had any side effects of local anesthetics, what kinds of side effects:	☐	☐	
8. Are you pregnant	☐	☐	☐

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	no	yes	cannot say
9. Have you undergone radiotherapy	☐	☐	
10. Do you have any of the following diseases or symptoms			
Heart condition or vascular disease	☐	☐	☐
Hypertension	☐	☐	☐
Blood disease, e.g., anemia	☐	☐	☐
Predisposition to bleeding	☐	☐	☐
Rheumatoid arthritis	☐	☐	☐
Rheumatic fever	☐	☐	☐
Diabetes ☐ type 1 ☐ type 2	☐	☐	☐
Asthma	☐	☐	☐
Lung disease	☐	☐	☐
Ulcer	☐	☐	☐
Thyroid disease	☐	☐	☐
Kidney disease	☐	☐	☐
Liver disease, e.g., hepatitis	☐	☐	☐
AIDS, HIV	☐	☐	☐
Epilepsy	☐	☐	☐
Mental disorder	☐	☐	☐

Other disease, what

Do you have / have you had / do you carry the MRSA or VRE infection

MRSA ☐ No ☐ Yes ☐ I am a carrier

VRE ☐ No ☐ Yes ☐ I am a carrier

Anything else to be considered as regards your health

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DO YOU HAVE

An artificial pacemaker	☐ No	☐ Yes
An artificial heart valve	☐ No	☐ Yes
An artificial joint	☐ No	☐ Yes

HABITS AFFECTING ORAL HEALTH

Brushing the teeth

☐ 2 times a day or more often ☐ once a day ☐ less frequently than once a day

Cleaning of tooth spaces

☐ floss ☐ tooth pick ☐ interdental brush ☐ i do not clean tooth spaces

Using fluoride toothpaste _____ times/day

Other fluoride products, what: _____

Smoking

☐ no significant predisposition to tobacco ☐ significant passive smoking

☐ daily smoking _____ cigarettes/day ☐ occasionally smoking

Do you use

☐ snuff ☐ alcohol ☐ drugs

EATING HABITS

Do you take daily

☐ breakfast ☐ lunch ☐ dinner ☐ snacks _____ times/day

Your drink with meals is _____

Your thirst-quencher is _____

Xylitol products _____ times/day

CONSENT

Information compliant with the Health Care Act (1326/2010): Wellbeing services county of Vantaa and Kerava Oral Health Care shares the HUS' (The Hospital District of Helsinki and Uusimaa) patient registry. Patient information is stored in our patient registry. You are entitled to forbid joint use of your patient

☐ My information may NOT be disclosed to another service unit

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Earlier oral-health medical records

☐ may be requested ☐ may not be requested

from previous clinic

Proxy

The following person is my proxy in issues related to oral health care: Name, identity number and phone number of the patient's/customer's proxy.

This consent is valid until and applies to services provided by Wellbeing services county of Vantaa and Kerava Oral heath care

I am aware of the fact that, if I so wish, I am entitled to withdraw my consent by informing Oral Health Care about it in writing. The consent data are stored in Oral Health Care's patient information system.

Date

Signature

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