KESKI-SUOMEN HYVINVOINTI-ALUE

PERSONAL INFORMATION	Last name	First names
	Personal identity code	Municipality of residence
	Telephone home/work	Profession/educational institution
	Address	
	Postal code	City/Town

HEALTH

Reason for seeking treatment _____

_____

Are you taking any medication regularly? ☐ **No** ☐ **Yes What medicines?**

_____

_____

_____

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

☐ allergy (medication, foodstuffs, latex) what? _____
☐ cardiovascular disease (chest pain, infarction, pacemaker, valve defect, artificial valve)
☐ stroke
☐ hypertension
☐ hematological disease, anemia, propensity for bleeding
☐ diabetes, HbA1c value: _____
☐ asthma or other respiratory disease
☐ arthritis
☐ osteoporosis
☐ neurological developmental disorders
☐ psychiatric disorder
☐ blood-borne disease (HIV, hepatitis B, hepatitis C, other)
☐ MRSA, VRE, ESBL or similar hospital bacteria
☐ other illness, specify? _____

To be taken into account in oral and dental care

Have you received radiotherapy on the head or neck area?	☐no ☐no	☐yes ☐yes
Do you currently receive cytostatic treatments?	☐no	☐yes
Do you have an artificial joint/vascular prosthesis?	☐no	☐yes
Have you had an organ transplant?	☐no	☐yes
Do you use/have you used osteoporosis medication?	☐no	☐yes
Do you use biological medication?	☐no	☐yes
Do you use natural products?	☐no	☐yes, due date _____
Are you pregnant?	☐no	☐yes
Have you ever been anesthetized?	☐no	☐yes
Have you had adverse effects from local anesthesia?	what kind _____	

Flip over

FACTORS RELEVANT TO ORAL AND DENTAL HEALTH	I brush my teeth ☐ twice a day ☐ once a day ☐ less often I use fluoride toothpaste ☐ no ☐ yes I brush my teeth with a _____ brush I clean the interdental spaces ☐ once a day ☐ a few times a week ☐ less often I use _____for cleaning the interdental spaces Other oral care products/cleaning of prostheses _____ _____ I eat _____ meals per day I eat snacks or I snack daily _____ times I drink for my thirst _____ I drink every day ☐ soft drinks or juices ☐ sports drinks or energy drinks ☐ other sweet or sour drinks ☐ I don't drink any of these I have a special diet ☐ no ☐ yes _____ _____ I regularly use xylitol preparations (chewing gum or pastilles) ☐ no ☐ yes I smoke or use snuff/ nicotine pouches ☐ no ☐ yes _____ times a day I use electronic cigarettes ☐ no ☐ yes _____ times a day I use alcohol ☐ no ☐ yes _____ a week I use narcotics ☐ no ☐ yes _____
MY PERSONAL ADDITIONS RELATING TO THE CONDITION OF MY MOUTH AND TEETH	

NB.	**12-17 years old:** ☐ My information **may be** handed over to my custodian ☐ My information **may not be** handed over to my custodian **persons over 18 years of age will be charged a fee for uncancelled non-attendance in accordance with the payment regulation.**
DATE, SIGNATURE	_____ / _____ 20 ____ _____