<table>
<tr><td rowspan="5">PERSONAL INFORMATION</td><td>Last name</td><td>First names</td></tr>
<tr><td>Personal identity code</td><td>Municipality of residence</td></tr>
<tr><td>Telephone home/work</td><td>Profession/educational institution</td></tr>
<tr><td colspan="2">Address</td></tr>
<tr><td>Postal code</td><td>City/Town</td></tr>
</table>

HEALTH

Reason for seeking treatment ____

____

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

____

____

____

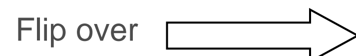
Do you have or have you had any of the following diseases?

- ☐ 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	☐yes
	☐no	☐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 ☐ 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 ____ ____