Pellavanhammas
HAMMASLÄÄKÄRIKESKUS

Preliminary Information For Dental Care

Pellavanhammas Oy Hammaslääkärikeskus

Name

Social sec.no

Address

Occupation, work

Postal code

Telephone work

Telephone home

Email

Mobile phone

	Yes	No	I don't know
1. Are you in good health at the moment?	☐	☐	☐
2. Have you previously been under continuous medical or hospital treatment?	☐	☐	☐
3. Have you used continuosly medication? Please state what.	☐	☐	☐
4. Do you have in use. Primaspan? Aspirin? Marevan?	☐	☐	☐
5. Do you have one or more of the following diseases or symptoms?			
Heart and vascular disease	☐	☐	☐
Elevated blood pressure	☐	☐	☐
Rheumatic arthritis	☐	☐	☐
Hematologic disease, anaemia	☐	☐	☐
Disordes of blood coagulation	☐	☐	☐
Diabetes	☐	☐	☐
Asthma	☐	☐	☐
Renal disease	☐	☐	☐
Liver disease, hepatitis	☐	☐	☐
Hiv-infection	☐	☐	☐
Epilepsy	☐	☐	☐
Psychological disorder	☐	☐	☐
Other general diseases, please state what	☐	☐	☐

	Yes	No	I don't know
6. Allergies	☐	☐	☐
7. Have you had radiation treatment?	☐	☐	☐
8. Do you have?			
An artificial joint	☐	☐	
An artificial heart valve	☐	☐	
Pacemaker	☐	☐	
9. Are you pregnant?	☐	☐	☐
10. Do you smoke?	☐	☐	

11. When have you been last time at the dentist?

12. What is the reason you need to visit the dentist now?

13. Other, information, f.ex. veteran

☐ I give my consent for the storage of my patient information in a centralised patient register.

Information as required by the **Personal data act (523/99)** General Data Protection Regulation (GDPR) ET"— I have read the information about the processing of my personal data, which has been provided to me on a separate form. 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