

## Necessary medical questions for a dental treatment

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of birth: \_\_\_\_\_

What are your complaints: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What exactly do you wish to be done? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you regularly take medicine? If yes, which? \_\_\_\_\_

\_\_\_\_\_

Are you allergic to specific substances? If yes, to which?

yes  no \_\_\_\_\_

Do you have any systemic disorders (e.g. heart trouble, diabetes, high blood pressure)? If yes, which?

yes  no \_\_\_\_\_

If you suffer from a systemic disorder, do you treat it with medicine?

yes  no \_\_\_\_\_

If you had an analysis in connection with an illness, have the results remained within normal ranges (blood sugar, blood pressure, etc.)

yes  no \_\_\_\_\_

Do you have a blood disorder?

yes  no \_\_\_\_\_

Have you ever suffered from hepatitis?  yes  no

Have you ever been given an injection in the mouth by a dentist?  yes  no

Have you ever been operated? If yes, what kind of an operation was that?

yes  no \_\_\_\_\_

When was the last time you visited a doctor? \_\_\_\_\_

\_\_\_\_\_