JÄRVENPÄÄN SOSIAALI- JA TERVEYSKESKUS
Suun terveydenhuolto

PRELIMINARY INFORMATION FOR DENTAL CARE

Information given is confidential and helps in treatment planning

Surname (also previous names)	First names
Date of birth and personal identity no.	Resident municipality in Finland
Address	Postcode
Postal area	Email address
Profession	Name of employer or study institution
Telephone no.(during working hours)	Telephone no.(home / mobile)

Do you have any problems or symptoms regarding your oral health at the moment ?

☐ No ☐ Yes, please specify:

Are you in good general health at the moment? ☐ Yes ☐ No	Are you (or have you been) under continuous medical/hospital care? ☐ Yes ☐ No
Do you smoke or use tobacco products? ☐ Yes ☐ No	Do you use (or have you) used narcotic substances? ☐ Yes ☐ No
Have you received radiation treatment in the head or neck region? ☐ Yes ☐ No	Have you ever had any allergic reaction to local anesthetic? ☐ Yes ☐ No

Are you sensitive or allergic to any medication or substance (eg. penicillin, sulfa, aspirin, latex, food ingredient,etc.)?

☐ No ☐ Yes, please specify:

Are you pregnant?

☐ No ☐ Yes, expectant delivery date:

Please indicate if you **have** (**or had**) any of the following symptoms or conditions (mark all applicable)

☐ Heart or vascular disease	☐ Bleeding or coagulation disorder	☐ Renal disease	☐ Epilepsy
☐ Pacemaker of heart, artificial valve	☐ Blood disease, anemia	☐ Liver disease	☐ Gastric ulcer
☐ Heart surgery	☐ Hypertension	☐ Hepatitis	☐ Recurring headache
☐ Artificial joint (eg. hip joint)	☐ Pulmonary disease, asthma	☐ HIV-infection (AIDS)	☐ Thyroid disease
☐ Diabetes	☐ Rheumatic arthritis, rheumatic fever	☐ MRSA-infection	☐ Psychiatric disorder

☐ Other disorder/ disease, please specify:

Do you use any medication often or regularly?

☐ Yes, name of medication: ☐ I do not use medication regularly

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Other information

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Henkilötietolaki (523/99) mukainen informointi: Henkilötietonne tallennetaan rekisteriin, jota ylläpitää tässä antamanne suostumuksen perusteella Järvenpään kaupungin terveyskeskus. Henkilötiedot ovat salassa pidettäviä ja niitä luovutetaan vain lakiin perustuen tai luvallanne. Hoitoloissamme on nähtävillä rekisteriseloste sekä tiedot tarkastus- ja oikeuspyyntöoikeudestanne liittyen Teitä itseänne koskeviin tietoihin.

Information regarding your treatment may be given for use by other health departments upon request (Act on the status and rights of the patient no. 785/92) ☐ Yes ☐ No

Date	Signature