

Surname:..... Date of birth:.....

First Name:.....

Occupation:

Address: Telephone:

e-mail :.....

Dear Patient,

It is necessary to consider certain underlying diseases before any dental or oral surgical intervention, therefore we need to ask you for some information concerning your health condition. In order to ensure you the most adequate treatment, we kindly request you to carefully read and answer the questions below. (Please underline **Yes** or **No** as appropriate.)

Naturally, the information you provide will be protected by professional secrecy.

In addition, by your signature on this form you are certifying that you give your consent to the dental or oral surgical intervention and you request it to be performed of your own free will and in the manner discussed with the dentist/oral surgeon.

Have you been given any medical treatment in the last two years?	Yes/No	Do you suffer from any of the following:	
Have you ever experienced an unexpected reaction to an injection?	Yes/No	-Diabetes	Yes/No
Have you ever had unstoppable bleeding?	Yes/No	-Haemophilia	Yes/No
Do you have allergic complaints?	Yes/No	-High blood pressure	Yes/No
If yes, specify them:		-Thyroid malfunction symptoms	Yes/No
Are you aware of any heart disease?	Yes/No	-Rheumatism	Yes/No
-...cardiac developmental anomaly?	Yes/No	-Lung disease (caused by TB, asthma, hay-fever)	Yes/No
-...the presence of prosthetic heart valve?	Yes/No	-Kidney disease	Yes/No
-...endocarditis?	Yes/No	-Digestive system diseases/disorders	Yes/No
Did you have a cardiac surgery?	Yes/No	-Nervous system diseases/disorders	Yes/No
Do you have a pacemaker?	Yes/No	-Acquired immune deficiency syndrome (HIV-positive)	Yes/No
Have you had a hip or any limb prosthesis operation?	Yes/No	-Other diseases (infectious)	Yes/No
What medicine do you take regularly?.....		If yes, specify them :.....	
.....		
Do you have medication allergy? If yes, specify it	Yes/No	
.....		For women: Are you pregnant?	Yes/No

Date:.....

Signature:.....
(In case of minors a parent or guardian)