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2023

Kymmenedalens välfärdsområde Oral health care 2
PRELIMINARY INFORMATION FORM FOR ADULTS AND PEOPLE OVER 15 YEARS OVER IN DENTAL CARE

Dear client! Fill in this form when you arrive at the urgent dental care or if over 6 months have elapsed since your previous visit to the health centre's dental care.

The composition of the process and the meaning of t		
Name:	Social security number:	
Address:	Municipality of residence:	
Telephone (during day):	Mobile phone:	
Occupation:	Workplace:	

hypertension, result from the latest measurement:	ANY OF THE PROCEDURES LISTED BELOW? (Please tick the relevant boxes increased risk of bleeding	I have not been
heart condition, please specify: artificial heart valve since: pacemaker since: blood vessel prosthesis since: artificial joint(s) since: radiation treatment in the head or neck area, year: diabetes rheumatic disease liver disease, please specify: kidney disease HIV/AIDS lung disease, asthma mental illness, nervous disorder epilepsy other general diseases, please specify: other allergy to a medicine, please specify: other allergies, please specify: other allergies, please specify: other allergies, please specify: ANAESTHESIA Have you been under anaesthesia before YES Were there any difficulties with the anaesthesia YES ONO Were there any difficulties with the anaesthesia YES Marevan or some other anticoagulant, please specify: omega-3 supplements pain-relieving medication: anti-hypertensive medication: anti-hypertensive medication: anti-arrhythmic or other cardiac medication: cholesterol medication: anti-arthythmic or allergy medication: cholesterol medication: cortisone medication: cortisone medication, please specify: CONSENT TO THE DISCLOSURE OF DENTAL DATA IF NECESSARY		diagnosed with any general diseases or symptoms mentioned below, not have I had any of the procedures
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	kidney disease	PREGNANCY
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