EDENT

EDENT Olaf Bronowicz
REGON: 93265596900028
Kod Res.:000000187155
EDENT (kod res. 01)
Strachowskiego 7a/1i
50–524 Wrocław
Tel.: 504 435 434 or 501 664 691

Patient's questionnaire

Name:..... Surname:.....

Telephone no.:..... E-mail:.....

Correspondence address .....

.....

Date of birth:..... Personal identification number (PESEL):.....

What is the reason for the appointment?

.....

.....

The date of the last appointment at the dentist's?.....

The date of the last oral x-ray (RTG, RVG, CT):.....

I found out about the Implantology and Dental EDENT Clinic:

☐ from my previous dentist ☐ from friends ☐ via the Internet

☐ other source:.....

.....

Medical questionnaire

Diseases

Allergies

Asthma ☐ YES ☐ NO ☐ DON'T KNOW

What are you allergic to? ☐ YES ☐ NO ☐ DON'T KNOW

Has any of these been performed within the last 2 years:

Medical operation (why? when?) ☐ YES ☐ NO

Body piercing (ears, nose, etc.) ☐ YES ☐ NO

Tattoo ☐ YES ☐ NO

Depilation ☐ YES ☐ NO

Cosmetic treatment ☐ YES ☐ NO

Have you been hospitalised within the last 2 years:

☐ YES ☐ NO ☐ DON'T KNOW

Genetic

Asthma ☐ YES ☐ NO ☐ DON'T KNOW

Infectious

HVB ☐ YES ☐ NO ☐ DON'T KNOW

HVC ☐ YES ☐ NO ☐ DON'T KNOW

AIDS ☐ YES ☐ NO ☐ DON'T KNOW

Blood

Prolonged bleeding after a cut ☐ YES ☐ NO ☐ DON'T KNOW

Kidneys

Renal failure ☐ YES ☐ NO ☐ DON'T KNOW

Neurological ☐ YES ☐ NO ☐ DON'T KNOW

Opthalmological ☐ YES ☐ NO ☐ DON'T KNOW

Rheumatic ☐ YES ☐ NO ☐ DON'T KNOW

Heart

Coronary heart disease ☐ YES ☐ NO ☐ DON'T KNOW

Myocardial infraction ☐ YES ☐ NO ☐ DON'T KNOW

Condition after the heart surgerya ☐ YES ☐ NO ☐ DON'T KNOW

Do you often feel breathless while climbing stairs?

☐ YES ☐ NO ☐ DON'T KNOW

Circulatory system

Atherosclerosis ☐ YES ☐ NO ☐ DON'T KNOW

Hypertension ☐ YES ☐ NO ☐ DON'T KNOW

Circulatory insufficiency ☐ YES ☐ NO ☐ DON'T KNOW

Nervous system

Do you sometimes experience any disturbances of consciousness, fainting?

☐ YES ☐ NO ☐ DON'T KNOW

Do you sometimes experience any disturbances in feeling or muscle weakness?

☐ YES ☐ NO ☐ DON'T KNOW

Digestive system

Hyperacidity, ulcer disease ☐ YES ☐ NO ☐ DON'T KNOW

Hormonal disorders ☐ YES ☐ NO ☐ DON'T KNOW

Others

Pregnancy	☐ YES	☐ NO	☐ DON'T KNOW
Are you taking any contraceptives?	☐ YES	☐ NO	☐ DON'T KNOW
Diabetes	☐ YES	☐ NO	☐ DON'T KNOW
Epilepsy/seizure	☐ YES	☐ NO	☐ DON'T KNOW
Cigarette smoking	☐ YES	☐ NO	☐ DON'T KNOW

Contraindications

Allergy to drugs

Penicillin	☐ YES	☐ NO	☐ DON'T KNOW
Clindamycin	☐ YES	☐ NO	☐ DON'T KNOW
Duomox	☐ YES	☐ NO	☐ DON'T KNOW
Augmentin	☐ YES	☐ NO	☐ DON'T KNOW
Local anaesthetics	☐ YES	☐ NO	☐ DON'T KNOW

Allergy to dental materials

Allergy to acrylic	☐ YES	☐ NO	☐ DON'T KNOW
Allergy to nickel	☐ YES	☐ NO	☐ DON'T KNOW
Allergy to gold	☐ YES	☐ NO	☐ DON'T KNOW

Have you experienced any undesirable effects after anaesthesia?

☐ YES ☐ NO ☐ DON'T KNOW

Dental

Do you get bleeding gums after brushing your teeth?	☐ YES	☐ NO	☐ DON'T KNOW
Do you sometimes get dry mouth?	☐ YES	☐ NO	☐ DON'T KNOW
Have you ever experienced burning sensation in your mouth	☐ YES	☐ NO	☐ DON'T KNOW
Have you ever had your teeth whitened?	☐ YES	☐ NO	☐ DON'T KNOW
Have you ever undergone any orthodontic treatment?	☐ YES	☐ NO	☐ DON'T KNOW
Have you ever had any of your teeth extracted?	☐ YES	☐ NO	☐ DON'T KNOW
Have you ever experienced any problems with the temporomandibular joint?	☐ YES	☐ NO	☐ DON'T KNOW
Do you clench your teeth during the day?	☐ YES	☐ NO	☐ DON'T KNOW
Have you ever used a dental guard?	☐ YES	☐ NO	☐ DON'T KNOW
Do you wake up with tensed facial muscles and/or clenched teeth?	☐ YES	☐ NO	☐ DON'T KNOW
Do you feel a toothache?	☐ YES	☐ NO	☐ DON'T KNOW
Are your teeth oversensitive to hot, cold and sweet foods??	☐ YES	☐ NO	☐ DON'T KNOW
What do you think should be changed about the look of your teeth?	☐ YES	☐ NO	☐ DON'T KNOW

I declare that I understood the above questions and gave truthful and factual answers. I will notify the office personnel about any changes in the condition of my health. I grant the permission to the facility to store and process my personal data for the medical purposes. I acknowledge that the facility is monitored.

The personal data contained in the questionnaire is administered by EDENT Olaf Bronowicz with its registered office at B. Strachowskiego 7a/1i, who will process the data only for the purposes of proper diagnosis and treatment. Data submission is not obligatory, however, necessary for the safety of medical procedures carried out. We would also like to inform the patient about their right to access and correct the data.

I authorise..... telephone no.:.....

to collect my test results, medical records, information regarding my health condition.

Date..... Patient's signature:.....