



Approved by: Medical Director of Dentistry
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Surgery stamp details

Dental history interview

All information which you provide is subject to medical confidentiality and used with your wellbeing in mind.

Please provide accurate answers to all questions. **Consult your doctor** if you are unsure about any of the answers.

The correct treatment and anaesthetic method will be chosen based on the information which you provide.

Name and surname	Birth date /idx no.
Address	PESEL

		YES	NO
1	Overall, do you feel well?		
2	Were you treated in a hospital over the last two years? If yes, what was the cause?.....		
3	Are you currently in treatment? If yes, what are you treating?.....		
4	Are you taking any medicines? If yes, what are you taking?.....		
5	Have you been taking aspirin or Acard for a prolonged period of time?		
6	Are you taking any anticoagulants ("blood thinning")?		
7	Are you allergic? If yes, what are you allergic to?.....		
8	Do you suffer from any of the following: short of breath..... swelling..... urticaria..... itchiness.....		
9	Do you have a tendency to bleed?		
10	Did you have bouts of fainting or loss of consciousness?		
11	Do you have a pacemaker?		
12	Do you or did you suffer from any of the following? heart diseases (heart attack, coronary heart disease, heart defect, cardiac arrhythmia, inflammatory cardiomyopathy)		

	Other cardiovascular system diseases (high pressure, low pressure, fainting, short of breath)		
	blood vessel disorders (varicose veins, inflammation of superficial veins, limb ischaemia, shin pains when walking)		
	lung diseases (chronic obstructive pulmonary disease, pneumonia, tuberculosis, asthma, chronic bronchitis)		
	digestive system diseases (peptic ulcer, duodenal ulcer, intestine diseases)		
	liver diseases (gallstone, hepatitis, cirrhosis)		
	urinary tract diseases (nephritis, kidney stones, urination difficulties)		
	metabolic disorders (diabetes, gout)		
	thyroid diseases (hyperthyroidism, hypothyroidism, goitre)		
	nervous system diseases (epilepsy, paresis, loss of consciousness, paralysis, sensory loss, myasthenia gravis)		
	skeletal system diseases (lumbago, degenerative disc disease, osteoarthritis, bone fracture complications)		
	blood and blood clotting diseases (haemophilia, anaemia, tendency for bleeding, nose bleeds, prolonged bleeding after tooth extraction)		
	eye diseases (glaucoma)		
	mood swings (depression, neurosis)		
	contagious diseases hepatitis A..... hepatitis B..... hepatitis C.....		
	rheumatic disorder		
	osteoporosis		
	other ailments which?		
13	What was your blood pressure when measured last		
14	Have you ever had a surgical operation before? If yes, when and why:		
15	Were there any issues with you anaesthetic?		
16	Did you ever have a blood transfusion? If yes, when and why:		
17	Do you smoke tobacco? If yes, how much and since when?		
18	Are you taking sedatives, sleeping pills or drugs? If yes, what are you taking?.....		

Questions for women:

19	Are you pregnant? If yes then which month are you in?		
20	When was your last menstruation?.....		
21	Do you take oral contraceptives?		

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(Interviewer's legible signature and stamp)

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(Patient's legible signature)

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(For minors between 16 and 18 y. o. consent of a legal guardian)