Mile to Smile
smile with us

Datum:	

HEALTH STATUS

Please read it carefully and honestly answer the questions about your health status. Collected data on the state of your health may be important for treatment. All information will be kept strictly confidential and only available to medical personnel.

Name:	Date:
Address:	Phone Number:
Email address:	Profession:

DATA OF DISEASES		
Have you been treated in hospital for the last two years?	☐ Yes	☐ No
Have you been taking any medicines or vitamins? If so, which. ..	☐ Yes	☐ No
Are you under treatment of any hematological disease? If you are, which. ..	☐ Yes	☐ No
Have you ever had prolonged bleeding?	☐ Yes	☐ No

Have you ever had or have (mark "x" if answer is yes)					
☐	Hypertension (high blood pressure)	☐	Rheumatic fever (ARF)	☐	Epilepsy
☐	Myocardial infarction	☐	Pacemaker	☐	Kidney disease
☐	Brain stroke	☐	Bronchial asthma	☐	Ulcers in the stomach or duodenum
☐	Endocarditis	☐	TBC	☐	Other (not listed above)
☐	Valvular heart disease	☐	Diabetes		
☐	Adison's disease	☐	Hyperthyroid ism		

ALL INFORMATION IN THIS QUESTIONNAIRE ARE PART OF MEDICAL DOCUMENTATION AND WILL BE AVAILABLE ONLY TO THE MEDICAL PERSONNEL

Are you allergic to any medications or chemical substances? ☐ YES* ☐ NO *If answer is yes, which:

Have you ever had or have any infectious disease: (if answer is yes, please fill what type of disease is)

☐ Hepatitis A ☐ Hepatitis B (HBV) ☐ Hepatitis C (HCV) ☐ HIV (AIDS)

Do you consume cigarettes?	☐ Yes	☐ No	☐ Sometime
Do you consume narcotics?	☐ Yes	☐ No	☐ Sometime
Do you consume alcohol?	☐ Yes	☐ No	☐ Sometime

Have you ever had an unpleasant experience at the dentist?	☐ Yes	☐ No
Are you too afraid of dental interventions?	☐ Yes	☐ No

What is the main reason for your arrival at the dentist today?
☐ pain ☐ check up ☐ teeth restoration ☐ surgery ☐ prosthetics ☐ other

ONLY FOR WOMEN		
Are you pregnant?	☐ Yes	☐ No
Are you breastfeeding?	☐ Yes	☐ No

How did you hear about MiletoSmile?

☐ internet ☐ commercials ☐ reference ☐ Facebook fan page ☐ "insurance" ☐ something else

I declare that the above statements are true and complete

_____ Patient Signature

_____ Doctor Signature