Medical and Dental History

Date:

Day	Month	Year

Patient information

Based on Presidential Decree 39/2009 (LAW A'55 / 04/01/09) fields are necessary to complete all of the exact and correct entry in our records. Your data are part of your dental records and covered by medical confidentiality

Surname		**Name**	
Father's name		**Location & Zip**	
Address	Str.	Number	**City**
Date of birth	Day / Month / Year	**Insurance**	
Occupation		**VAT Nº**	
Landline		**Mobile**	
E-mail	@		

For the best and safest dental treatment you, please complete (or tick) the following if applicable:

Heart Diseases - Cardiovascular:

Angina pectoris ☐ Pacemaker ☐ Hypertension ☐ Heart attack ☐ Emphysema ☐ Valvular heart disease ☐

Arrhythmia ☐ Stroke ☐ Cardiovascular deficiency ☐ Other ☐ Description _____

Hormonal disturbances:

Diabetes ☐ Oral contraceptives ☐ Diseases thyroid ☐ Possible pregnancy ☐

Diseases of Kidneys:

Glomerulonefritis ☐ Transplantation ☐ Insufficiency ☐ Transfusion ☐

Blood diseases:

Anemia ☐ Low iron ☐ Mediterranean anemia ☐ Stigma ☐ Anticoagulating medication ☐

Hemophilia ☐ Agranulocytosis ☐ Other ☐ Description _____

Dentist

Patient Signature

Tele Dentistry

Dentist

Patient Signature

Infectious Diseases:

Hepatitis type A ☐ Hepatitis type B ☐ Hepatitis type C ☐ A.I.D.S. ☐ Venereal ☐

Rheumatic fever ☐ Infection mononucleosis ☐ Other Description

Allergies:

Antibiotic ☐ Anesthetic ☐ Medication ☐ Other Description

Respiratory diseases:

Asthma ☐ Pneumonia ☐ Other Description

Other:

Ulcer ☐ Gastritis ☐ Epilepsy ☐ Degenerative joint diseases ☐ Neuromuscular disorders ☐

Medical monitoring Description General Surgery Description

Radiotherapy : Yes ☐ No Never ☐ Chemotherapy : Yes ☐ No ☐ Never ☐

Osteoporosis ☐ Osteopenia ☐ Reception biphosphonates ☐ Reception of other corresponding medicines ☐

Habits:

Smoking ☐ Drugs ☐ Alcohol ☐ Other Description

Reception of medicines (daily)

Dental history :

Dentist Patient Signature

Tele Dentistry

Frequent Toothaches ☐	Sensitivity (hot / cold) ☐	Pain or clicking (TMJ)) ☐	Facial ache ☐
Heartburn mouth ☐	Taste disorder ☐	Gum bleeding ☐	Bad breath ☐
Traumatic injuries ☐	Mouth interventions ☐	Orthodontic problems ☐	Xerostomia ☐

Problem with local anesthetic ☐ Frequency of dental visit (per year) ☐ Frequency of tooth brushing-daily ☐

Family history :

Hemophilia ☐	Diabetes ☐	Tuberculosis ☐
Cancer ☐	Heart diseases ☐	Blood pressure ☐

Cause of attendance:

Pain ☐	Check ☐	Improvement of aesthetics ☐	Periodontitis ☐
Prosthetic ☐	Dental implants ☐	Orthodontics ☐	Other ☐

Dentist

Patient Signature