



Child's preliminary information

The information in the form is treated in confidence

CHILD'S INFORMATION

Name

Identity number

Address

Guardian / guardians

Tel. (office hours)

Earlier dental care, year

Does your child have any common disease (e.g., diabetes, heart condition, asthma, kidney disease, rheumatoid arthritis, hepatitis or other disease), what

Does the child have the MRSA or VRE infection now or has he/she had it earlier, is he/she a carrier

MRSA

VRE

Carrier

Does the child have a developmental disorder or corresponding issue that should be accounted for at the dental clinic

Is the child allergic to something (e.g., penicillin)

Does the child have a predisposition to bleed

Does the child take regular medication, what

Has the child expressed fear during earlier visits to the dental clinic or at doctor's appointment

Is the child in day care

no yes, where

HABITS AND FACTORS AFFECTING ORAL HEALTH

Brushing of teeth

twice a day once a day less frequently

An adult helps the child in brushing the teeth

yes no

Does the child use

fluoride toothpaste every day yes no

other fluoride product yes no

xylitol gums and mints yes no

Does your child have daily

breakfast lunch dinner snacks times a day

The child's drink with meals

The child's thirst-quencher

The child's
consumption of sweets

daily 2-4
times a week once
a week less frequently
or not at all

juices

drinks containing
sugar, cocoa, tea

pastries containing
sugar

sweets

other substance

containing sugar, what

The child uses

a pacifier a feeding bottle

The child sucks his/her fingers

yes no

Predisposition to tobacco

no significant predisposition to tobacco significant passive smoking

CONSENT

Information compliant with the Health Care Act (1326/2010) Vantaa Oral Health Care shares the HUS' (The Hospital District of Helsinki and Uusimaa) patient registry. Patient information is entered into our patient registry. It is possible to forbid joint use of patient information.

The information may NOT be disclosed to another service unit

Earlier oral-health medical records

may be requested from previous dental clinic, which

may not be requested

DATE AND SIGNATURE

Date Guardian's signature

Date Guardian's signature