



Preliminary information for dental care for school-age children

The information in the form is treated in confidence.

CHILD'S INFORMATION

Child's name

Identity number

Address

Tel. (home)

School

Grade

Child's tel.

Earlier dental care, year

Do you want dental care for your child at the dental health clinic of a health center, e.g., school dental care clinic

Basic care

yes

no

Screening procedure for orthodontic treatment
and potential orthodontic treatment

yes

no

Does your child have any common disease (e.g., diabetes, heart condition, asthma, kidney disease, rheumatoid arthritis, hepatitis or other disease) or does the child have any other condition to be noted (e.g., developmental or other disability), what

Does the child take regular medication

no

yes, what

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

no

yes, what

Does the child have a predisposition to bleed

Anything else to be considered as regards dental care

HABITS AND FACTORS AFFECTING ORAL HEALTH

The child brushes his/her teeth

twice a day or more often

once a day

less frequently

The child uses

fluoride toothpaste daily

yes

no

other fluoride products

yes

no

Use of soft drinks

daily

2-4 times
a weekonce a
weekmore seldom
or not at all

juices

juices containing sugar,
cocoa, tea

mineral water, soft drinks

energy drinks

Use of sweets

daily

2-4 times
a weekonce a
weekmore seldom
or not at all

sweet pastries

candy

xylitol gums and mints

other sweets, what

The child takes daily

breakfast

lunch

dinner

snacks

The child's drink with meals

The child's thirst-quencher

Smoking

No significant predisposition to tobacco

Significant passive smoking

Smokes daily

cigarettes/day

Smokes occasionally

The information may NOT be disclosed to another service unit

from previous clinic

This consent is valid for 3 years and applies to oral healthcare services provided by the Wellbeing services county of Vantaa and Kerava. I am aware that I, if I so wish, am entitled to withdraw my consent by informing the healthcare services at the Wellbeing services county of Vantaa and Kerava in writing. The consent data are stored in the patient information system of the oral healthcare services.

Name _____ Tel. (office hours) _____

Guardian's signature Guardian's signature