Dental Clinic Doctors P. SION – C. SION

All your personnal information are confidential and can only be used by your dental surgeon in professional setting.
Your email address could be used in our information project setting regarding prevention and dental health

Please fill out this strictly confidential questionnaire.

❒ Melle ❒ Mme ❒ M.

Name : .... Maiden name : ....
First name : .... Born the : ....
Address : ....
Postal code: .... City : ....
Profession : .... Professional phone number : ....
Personal phone number : .... Cell phone number : ....
Email adress : ....
Social security number : .... Reason for the consultation : ....
How did you hear about the surgery ? ....

INFORMATION OF GENERAL NATURE :

Are you suffering from one of these conditions :

❒ Diabetes ❒ Cardiac ❒ Vascular ❒ Chronic Desease
❒ Asthma ❒ Urogenital ❒ Neurological ❒ Rheumatoid Arthritis
❒ Lung ❒ Gastro duodenal ❒ HIV+ ❒ Infectious Deseases
❒ Intestinal ❒ Depression
❒ Biphosphonates (FOSAMAX – ZOMETA) ❒ Other : ....

Are you pregnant : ❒ yes ❒ no
Are you subject to dizziness : ❒ yes ❒ no
Do you currently follow a diet : ❒ yes ❒ no
Are you subject to hematomas : ❒ yes ❒ no
Do you smoke: ❒ yes ❒ no
If so, how many cigarettes per day : ....
Are you allergic : ❒ yes ❒ no
If so what origin : ....
Lately, have you been vaccinated: ❒ yes ❒ no
If so, which vaccine : ....

ONGOING TREATMENT :

❒ Pain killer ❒ Aspirin ❒ Anticoagulan ❒ Antibiotic
❒ Antidepressant ❒ Antihypertensive ❒ Antidiabetic ❒ Anti-inflammatory
❒ Other : ....

Do you make the subject of a radiological or biological monitoring : ❒ yes ❒ no

DENTAL STATE :

Date of last consultation : .... Attending dentist : ....

Currently, do you have :
- an embarrassment ❒ yes ❒ no
- a pain ❒ yes ❒ no
- an aesthetic issue ❒ yes ❒ no

Do you have difficulties :
- to eat ❒ yes ❒ no
- to sleep ❒ yes ❒ no
- to speak ❒ yes ❒ no

Have you had a reaction after local anesthesia : ❒ yes ❒ no
If so, what type of reaction : ....
Your last descaling: ❒ 6 months ❒ 1 year ❒ 2 years or more

GINGIVAL STATES :

Do you suffer from gums : ❒ yes ❒ no
Your gums bleed when you brush : ❒ yes ❒ no
Do you feel like your teeth are moving: ❒ yes ❒ no

Date : .... **Signature :**

Ce cabinet dentaire dispose d'un système informatique destiné à faciliter la gestion des dossiers des patients et à assurer la facturation des actes et la télétransmission des feuilles de soins aux caisses de sécurité sociale. Les informations recueillies lors de votre consultation feront l'objet, sauf opposition justifiée de votre part, d'un enregistrement informatique réservé à l'usage de ce cabinet. Vous pouvez avoir accès à votre dossier en vous adressant à votre chirurgien-dentiste*. *Loi n°78-17 du 6 janvier 1978 modifiée relative à l'informatique, aux fichiers et aux libertés

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