

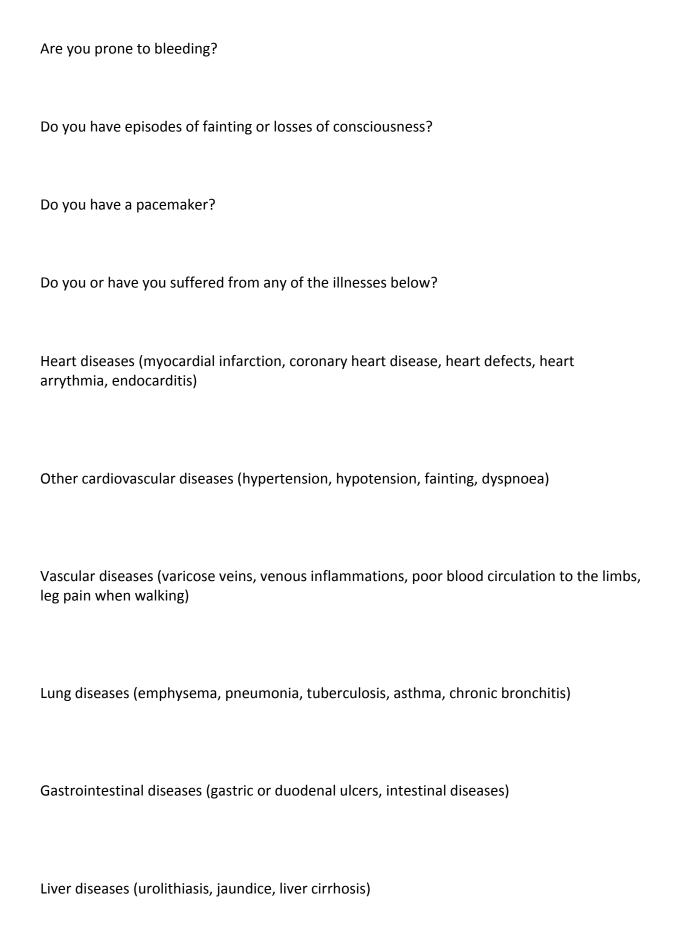


INFORMATION REGARDING THE HEALTH OF THE PATIENT

All given information is confidential and are meant for your safety. Please, fill out the form as precisely as possible. In case of any difficulties, please ask your GP doctor for support in filling in the documents. All questions below serve to gather information, which is necessary to choose the appropriate treatment method and anesthesia.					
Surname and name of the patient					
	Address				
Do you generally feel healthy? (Yes/ No)					
Have you been to the hospital in theIf yes, then why?	last two (2) years?				
Are you being treated for somethingIf yes, then for what?	at the moment?				
Are you on any medication at the mo • If yes, then which?	oment? (especially aspirin or anticoagulants)				
Are you allergic to anything? • If yes, then what?					
Do you suffer from: *dyspnoea *hives *swellings	*itching				

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Urinary tract diseases (kidney inflammations, nephrolithiasis, urinating difficulties)
Metabolic disorders (diabetes, gout)
Thyroid disorders (hyperthyroidism, hypothyroidism)
Nervous system disorders (epilepsy, paresis, losses of consciousness, paralysis, dysesthesia, myasthenia gravis)
Osteo-articular diseases (nerve root pains, degenerative spinal changes, post fracture conditions)
Blood and coagulative diseases (blood effusions, nose bleedings, prolongs bleeding time after tooth extraction)
Eye diseases (glaucoma)
Mood changes (depression, neurosis)



Infectious diseases (mark if any):

Do you drink alcohol?

Viral hepatitis A	AIDS		
Viral hepatitis B	Tuberculosis		
Viral hepatitis C	Venereal diseases		
Rheumatic diseases			
Kileumatic diseases			
Osteoporosis			
Other aliments			
Other animents			
What was the last blood pre	essure?		
Have you ever been operate	ed?		
If yes, the why?			
Did			
Did you react well to the an	estnesia?		
Have you had blood transfu	isions?		
If yes, then why?			
Do you smoke tobacco?			
• If yes, then for how	long?		
, .	-		



Do you use any sedative medication, drugs?

• If yes, then which?

Questions directed to women:

Are you pregnant?

• If yes, then which month?

When did you have your last period?

Do you take oral contraceptives?

signature of the patient (legal guardian)

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71-422 Szczecin,

exceldent

date

I hereby declare that the information given above is true. All the changes in my health	
situation I undertake to submit during the next visit from when they occurred.	
I	••••
living at	
declare that I enable*) Mr/Mrs/Misswith the	ID
with the number/series / I do	2
not enable anyone*) to gather information about the state of my health and in the case of	=
my death - to gain access to my medical documentation gathered and kept at ExcelDent	
Clinic, Piotra Skargi 16 street, 71-422 Szczecin, Poland.	
I know my legal rights as a patient from the Patients Rights and I agree to treatment at this medical clinic. The agreement covers the recommended treatments agreed with the doctors.	