

## 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

....., .....  
Phone number Address

Do you generally feel healthy? (Yes/ No)

Have you been to the hospital in the last two (2) years?

- If yes, then why?

Are you being treated for something at the moment?

- If yes, then for what?

Are you on any medication at the moment? (especially aspirin or anticoagulants)

- If yes, then which?

Are you allergic to anything?

- If yes, then what?

Do you suffer from:

\*dyspnoea \*hives \*swellings \*itching

Are you prone to bleeding?

Do you have episodes of fainting or losses of consciousness?

Do you have a pacemaker?

Do you or have you suffered from any of the illnesses below?

Heart diseases (myocardial infarction, coronary heart disease, heart defects, heart arrhythmia, endocarditis)

Other cardiovascular diseases (hypertension, hypotension, fainting, dyspnoea)

Vascular diseases (varicose veins, venous inflammations, poor blood circulation to the limbs, leg pain when walking)

Lung diseases (emphysema, pneumonia, tuberculosis, asthma, chronic bronchitis)

Gastrointestinal diseases (gastric or duodenal ulcers, intestinal diseases)

Liver diseases (urolithiasis, jaundice, liver cirrhosis)

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):

Viral hepatitis A	AIDS
Viral hepatitis B	Tuberculosis
Viral hepatitis C	Venereal diseases

Rheumatic diseases

Osteoporosis

Other ailments

What was the last blood pressure?

Have you ever been operated?

- If yes, the why?

Did you react well to the anesthesia?

Have you had blood transfusions?

- If yes, then why?

Do you smoke tobacco?

- If yes, then for how long?

Do you drink alcohol?

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?

**PATIENT STATEMENT (LEGAL GUARDIAN\*)**

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/Miss .....with the ID  
..... with the number/series..... / I do  
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 doctor.

.....  
date signature of the patient (legal guardian)