

Medical history of the patient

Name:	
Last name:	
Gender:	
Address:	
Country:	
Tel./Mob.:	
Personal medical history (list of diseases or conditions from which the patient is currently suffering - diabetes, heart disease, high blood pressure, pregnancy, increased bleeding tendency, etc.)	
Do you take any medications currently? If yes, please specify which and for which purpose.	
The reason for dental visits (description of problems, how it happened, how long ago, etc.)	
Dental history (description so far taken dental procedures, medical histories of previous dentists)	
Enclosed documents and pictures (X-ray images, intraoral images, etc.)	