MONDZORG TILBURG WEST

Initials	
First name	
Last name	
Date of birth	

HEALTH QUESTIONNAIRE ORAL CARE FOR ADULTS

Why is a health questionnaire important for your practitioner?
- Mouth complaints can be caused by illness or medication.
- If you are ill or take medication, this can restrict dental treatment or give rise to taking precautions. It is important that your practitioner can take this into account.

Always inform your practitioner if anything has changed in your health or your medication use. Your data is covered by medical professional secrecy and is therefore treated confidentially. Take a recent medication overview with you at every visit to the practice. You can ask your pharmacist for this overview.

Question	No	Yes			
1. Has anything changed in your health in the past few months?	☐	☐	If so, what?		
2. Are you allergic to something?	☐	☐	If so, for what?		
3. Have you ever had a heart attack?	☐	☐	If so, when?		
4. Do you suffer from palpitations?	☐	☐			
5. Are you being treated for high blood pressure?	☐	☐	If so, what is your blood pressure usually?	Top number	Bottom number
6. Do you have chest pain with exertion?	☐	☐			
7. Do you get short of breath when you lie flat on the bed?	☐	☐			
8. Do you have a heart valve deficiency or artificial heart valve?	☐	☐			
9. Do you have a congenital heart defect?	☐	☐			
10. Have you ever experienced endocarditis?	☐	☐			
11. Do you have a pacemaker (or LCD) or neurostimulator?	☐	☐			
12. Have you ever passed out during dental or medical treatment?	☐	☐			

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Question	No	Yes			
13. Do you have epilepsy?	☐	☐			
14. Have you ever had a brain haemorrhage, stroke or TIA?	☐	☐			
15. Do you have lung complaints such as asthma, bronchitis or chronic cough?	☐	☐			
16. Do you have diabetes?	☐	☐	If so, do you use insulin?	Yes ☐	No ☐
17. Are you anemic?	☐	☐			
18. Have you ever had prolonged bleeding after tooth extraction or surgery?	☐	☐			
19. Do you have or have you had hepatitis, jaundice or other liver disease?	☐	☐			
20. Do you have kidney disease?	☐	☐			
21. Do you have rheumatism and/or chronic joint complaints?	☐	☐			
22. Have you been irradiated for a tumor in your head or neck?	☐	☐			
23. Do you smoke?	☐	☐	If so, how much per day?		
24. Women: are you pregnant?	☐	☐			
25. Women: Are You Breastfeeding?	☐	☐			
26. Do you have an illness or condition that has not yet been asked about?	☐	☐	If yes which one?		
27. Have you used a medicine against osteoporosis (a bisphosphonate or denosumab) in the past?	☐	☐	If so, which means? Tablets or injection/infusion?	Name agent:	Tablets or injection/infusion?
28. Do you take any medication?	☐	☐	If yes which one?		