


Halden Tannhelsesenter AS Storgata 15 1776 HALDEN Tlf: 47 69175152 Fax: 47 69175153 E-mail: post@haldentannhelsesenter.no Web site: www.haldentannhelsesenter.no		 HALDEN TANNHELSESENTER AS		General information: <input type="checkbox"/> Reduced vision <input type="checkbox"/> Reduced hearing <input type="checkbox"/> Reduced speech <input type="checkbox"/> Reduced mobility <input type="checkbox"/> Cardiovascular disease <input type="checkbox"/> Hyper tension <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Immune diseases <input type="checkbox"/> Hepatitis <input type="checkbox"/> Rheumatic fever <input type="checkbox"/> Problems with sinuses <input type="checkbox"/> Mental issues <input type="checkbox"/> Radiotherapy in head/neck <input type="checkbox"/> Diet <input type="checkbox"/> Complications after dental treatment <input type="checkbox"/> Smoker <input type="checkbox"/> Asthma <input type="checkbox"/> Haemaohilia <input type="checkbox"/> Eating disorder <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Rheumatic disease <input type="checkbox"/> Others	
Name					
Birth-/social security nr.					
Address					
ZiP code / Postcode					
City					
Mobile phone					
E-mail					
Do you want annually recall?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Medications/ drug use				Allergies/sensibilities: <input type="checkbox"/> Penicillin <input type="checkbox"/> Local anesthesia <input type="checkbox"/> Pollen <input type="checkbox"/> Food <input type="checkbox"/> Nickel <input type="checkbox"/> Latex <input type="checkbox"/> Dental fillings <input type="checkbox"/> Others	
Health perceptions:					
<input type="checkbox"/> Good <input type="checkbox"/> Medium				Mouth/ teeth <input type="checkbox"/> Bleeding of the gums <input type="checkbox"/> Sore chewing muscles <input type="checkbox"/> Mouth breathing <input type="checkbox"/> Others	
Pregnant-term:	Last dental treatment:				
Various information					
		GP (doctors name)			
		How did you come in contact with us?			
		<input type="checkbox"/> Recommended by family/friends <input type="checkbox"/> Internet <input type="checkbox"/> Other			
Dato		Signature:			