



Dental practice:
MIO-DENT DENTISTRY
NIP: 782-286-16-31
Młodzieżowa 11
62-002 Suchy Las, PL

Patient:

Gender/Sex:
Female PESEL
[personal
identification no.]
Address:

E-mail address:

MEDICAL QUESTIONNAIRE

1. Do you feel well in general?	Yes	No
2. Are you currently being treated for something? If so, for what?	Yes	No
3. Do you take any medication? (In particular, aspirin, anticoagulants) If yes, please specify	Yes	Not
4. Allergies / hypersensitivity		
(a) Hay fever	Yes	No
(b) Asthma	Yes	Not
(c) Nickel	Yes	Not
(d) Other (please specify what you are allergic to) _____	Yes	No
5. Are you prone to bleeding?	Yes	No
6. Do you have a pacemaker implanted?	Yes	No
7. Do you suffer from any of the following diseases:		
a) Heart diseases (myocardial infarction, coronary heart disease, heart defects, arrhythmia, myocarditis)	Yes	No
(b) Other cardiovascular diseases (hypertension, low blood pressure, syncope (fainting), dyspnoea (shortness of breath, difficulty in breathing)	Yes	No
(c) Emphysema /emfyz:ma/	Yes	No
(d) Asthma	Yes	No
(e) Diabetes mellitus	Yes	No
(f) Diseases of the digestive system (peptic ulcer disease, intestinal diseases)	Yes	No
(g) Diseases of the urinary system (nephritis, stones, renal insufficiency/failure)	Yes	No
(h) Thyroid	Yes	No
(i) Epilepsy	Yes	No
(j) Loss of consciousness/fainting episodes	Yes	No
(k) Anaemia	Yes	No
(l) Eye diseases (glaucoma ----/glocouma/)	Yes	No
8. Do you suffer from any contagious diseases?		
(a) AIDS	Yes	No
(b) Hepatitis C	Yes	No
(c) Hepatitis B	Yes	No
(d) Tuberculosis	Yes	No
9. Do you suffer from any other illnesses/disorders not listed above?		
10. Do you tolerate dental anaesthesia well?	Yes	No
11. Are you pregnant?	Yes	No

DECLARATION OF CONSENT TO THE PROCESSING OF PERSONAL DATA

I declare that, in accordance with Article 7(2) of EP and Council Regulation (EU) 2016/679 of 27 April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data and repealing Directive 95/46/EC (hereinafter: "RODO", I give my express and voluntary consent to the processing of my personal data contained in the Medical Questionnaire, including special category data (so-called sensitive data) referred to in Article 9 RODO by the Administrator of personal data, i.e. (MIO-DENT STOMATOLOGIA Młodzieżowa 11, 62-002 Suchy Las, PL) and I agree to the processing of my personal data in the IT systems and applications used by the Administrator, including the FELG Dent application - in order to protect health, provide and manage the provision of health services, maintain the IT system in which the medical records are processed and ensure the security of this system.

At the same time, I declare that my consent meets all the conditions referred to in Article 7 of the RODO, i.e. I am free to withdraw it at any time, the request for consent has been presented to me in a clear and understandable form. I have also been informed about the principles of processing my personal data, in particular that the data are collected by (MIO-DENT STOMATOLOGIA Młodzieżowa 11, 62-002 Suchy Las, PL) - the Administrator of the personal data, the purpose of their collection, the voluntariness of providing them, the right to inspect and the possibility of correcting them, and that the data may be made available to other entities.

Date Signature of Patient/Guardian

(Signed from an authorised patient
application)