Health Questionaire

Hygge Tannhelse AS
Madlastokken 5
4042 Hafrsfjord
Tel. 51 55 60 67
post@hyggetannhelse.no
Org No: 927152630

Name:	Surname:		
Address:	Postcode:	Postal name:	
Phone no.:	Profession/working place:		E-mail:
Date of birth/ D-number:			

General information

- ☐ Cardiovascular diseases
- ☐ High Bloodpressure
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Immune diseases
- ☐ Hepatitis
- ☐ Gout fever
- ☐ Problems with the sinuses
- ☐ Mental issues
- ☐ Radiation ref. in head/neck
- ☐ Diet
- ☐ Compl. after dental treatment
- ☐ Smoker / snuff
- ☐ Asthma
- ☐ Hemorrhagic disease
- ☐ Eating disorder
- ☐ HIV / AIDS
- ☐ Lung disease
- ☐ Cerebral hemorrhage
- ☐ Parkinsons
- ☐ Cancer
- ☐ Rheumatic disease
- ☐ Stroke
- ☐ Other

Various

- ☐ Reduced vision
- ☐ Reduced hearing
- ☐ Impaired speech
- ☐ Impaired mobility

Allergy / oversensitivity

- ☐ Penicillin
- ☐ Local anesthesia
- ☐ Pollen
- ☐ Food
- ☐ Nickel
- ☐ Latex
- ☐ Other

Mouth / Teeth

- ☐ Bleeding in the gums
- ☐ Bad breath
- ☐ Often sores in the mouth
- ☐ Dry mouth
- ☐ Tooth grinding
- ☐ Sore chewing muscles
- ☐ Finger sucker
- ☐ Mouth puffs
- ☐ Sleep apnea
- ☐ Other

Pregnancy::

GP's name:

Medical treatment last two years:

Medication use:

Miscellaneous information / Latest dental treatment / Desire for dental treatment:

Pasient sign. _____

Date/place _____