

PLEASE MARK THE RIGHT ANSWER, ENTERING INFORMATION IN CAPITAL LETTERS OR APPROPRIATE UNDERSCORING.

1. Have you recently been under medical supervision due to chronic illness?

YES ☐ NO ☐

2. Do you always take some medicine?

YES ☐ NO ☐

Indicate which one.....

Are you AWARE that you have been/are suffering from one of the following diseases:

1. Heart disease (e.g. myocardial infarction, coronary heart disease, heart defect, myocarditis, arrhythmias, other)?

YES ☐ NO ☐

2. Do you suffer from hypertension?

YES ☐ NO ☐

3. Lung and respiratory tract diseases (e.g. tuberculosis, pneumoconiosis, pneumonia, emphysema, bronchial asthma, other)?

YES ☐ NO ☐

4. Liver diseases (e.g. jaundice, cirrhosis, other)?

YES ☐ NO ☐

5. Do you have varicose veins of the lower limbs (legs)?

YES ☐ NO ☐

6. Kidney diseases (e.g. inflammation, stones, other)?

YES ☐ NO ☐

7. Metabolic disorders, e.g. diabetes?

YES ☐ NO ☐

8. Thyroid disorders (e.g. hypothyroidism, thyroid hyperactivity, thyroid enlargement, other)?

YES ☐ NO ☐

9. Eye diseases (e.g. glaucoma, cataracts, other)?

YES ☐ NO ☐

10. Diseases of the nervous system (e.g. epilepsy, paresis, other)?

YES ☐ NO ☐

11. Have you been treated for mental illness (e.g. neurosis, depression, other)?

YES ☐ NO ☐

12. Bone system diseases (spine, joints, other)?

YES ☐ NO ☐

13. Do you have any stomach or duodenal ulcer?

YES ☐ NO ☐

14. Blood diseases or blood coagulation disorders (e.g. tendency for the formation of hematomas, epistaxis, other)?

YES ☐ NO ☐

15. Sensitization (hay fever, rashes, hypersensitivity to food, medication, plaster)?

YES ☐ NO ☐

16. Do you suffer from any other disease not listed above?

YES ☐ NO ☐

What disease?.....

17. Do you smoke regularly?
 YES ☐ NO ☐
18. Do you regularly drink alcohol?
 YES ☐ NO ☐
19. Are you used to any medicines?
 YES ☐ NO ☐
20. Do you hear well?
 YES ☐ NO ☐
21. Other remarks (e.g. accidents)?
 YES ☐ NO ☐

.....
 22. Are you pregnant?

YES ☐ NO ☐

If you are pregnant it is absolutely necessary to inform about it during the registration and the X-ray apparatus operator BEFORE PERFORMING THE TEST. X-rays of pregnant women are performed only when there are important medical indications.

§18 Regulation of the Minister of Health of December 24, 2002.

23. Do you consent to the use of the contact indicated earlier for medical purposes, i.e.: reminding about dates of the booked visits, inspection visits, hygienization visits, changes in the booked dates, possible deferrals, cancellations, delays?

SMS	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Tel.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Mail	YES <input type="checkbox"/>	NO <input type="checkbox"/>

24. I was previously under dental care

- Regularly ☐
- Irregularly ☐
- With one specialist ☐
- I have undergone multidisciplinary treatment ☐

25. I have been referred to Klinika Stomatologiczna TRIO-DENT in the following way:

Recommendation by another doctor	<input type="checkbox"/>
Recommendation by other patients/friends	<input type="checkbox"/>
Internet	<input type="checkbox"/>
Advertising	<input type="checkbox"/>
Other	<input type="checkbox"/>

26. I have been sent to Klinika Stomatologiczna Trio-Dent to:

- a specific doctor/hygienist ☐

.....
 (name and surname)

- without a specific name of the doctor/hygienist ☐

I DECLARE THAT THE INFORMATION IS COMPLIANT WITH THE TRUTH.

WARSAW, date.....

Patient's legible signature

WE KINDLY ASK TO UPDATE THE INFORMATION WHENEVER THERE IS A CHANGE IN HEALTH THE DURING SUBSEQUENT VISITS TO OUR OFFICE.

The information clause regarding the Patients of Specjalistyczna Przychodnia Stomatologiczna TRIO-DENT

1. Dear Patients, the Administrator of your personal data is Specjalistyczna Przychodnia Stomatologiczna TRIO-DENT s.j., hereinafter referred to as: **"the Administrator"**. You may contact the Administrator by writing to the following address: 00-622 Warsaw, 3 Polna str., or by calling the number: 22 87509454 or via data protection officer, by writing to the e-mail address: inspektorochnydanymch@triodent.com.pl

2. Your data are processed in order to protect your health, provide medical services, manage the provision of these services and treatment. The legal basis for the processing of the data obtained is the Act of November 6, 2008, on patient rights and the Ombudsman of the Patient's Rights.

3. Your personal data is processed only to the extent related to the implementation of the above objectives. We do not share your data with other recipients except entities which process data on our behalf, participating in the implementation of the objective described in point 2, or participating in the implementation of legal obligations imposed on us, and entities authorized under the regulations of the law.

4. The administrator does not intend to transfer your data to a third country or to any international organizations.

5. Your data will be kept for no longer than it is necessary, i.e. for the period designated by the applicable law: the Act of November 6, 2008 on patient rights and the Ombudsman of the Patients' Rights.

6. You have the right to request from the Administrator to access your data, to rectify it, to update it, as well as the right to limit data processing. The rules for the provision of medical records have been defined by the Polish law.

7. Due to the processing of your personal data by the Administrator, you have the right to submit a complaint to the supervisory body.

8. Providing us with your personal data is a statutory requirement, it applies to every patient for whom we pursue the objectives described in point 2.

9. Based on your personal data, the Administrator will not make automated decisions against you, including decisions resulting from profiling*.

* Profiling means any form of automated processing of personal data, which involves the use of personal data to assess some of the personal person's personal factors, in particular to analyze or forecast aspects of the work of that individual, its economic situation, health, personal preferences, interests, credibility, behavior, location or movement.

The use of your personal data for marketing purposes may take place only after your consent.

Do you agree to the use of your data for marketing purposes?

YES ☐ NO ☐

Legible signature of the patient.....