

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 take any medication regularly?
YES ☐ NO ☐

Indicate which ones.....

3. Have you regularly taken any medicine for the last 3 years?
YES ☐ NO ☐

Indicate which ones.....

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. Lungs and respiratory track diseases (e.g. tuberculosis, pneumoconiosis, pneumonia, emphysema, asthma, other)?
YES ☐ NO ☐

4. Liver diseases (e.g. jaundice, cirrhosis, other)?
YES ☐ NO ☐

5. Do you suffer from varicose veins (legs)?
YES ☐ NO ☐

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

YES ☐ NO ☐

10. Nervous system diseases (e.g. epilepsy, paresis, other)?

YES ☐ NO ☐

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

YES ☐ NO ☐

12. Skeletal system diseases (spine, joints, osteoporosis, osteopenia, other)?

YES ☐ NO ☐

13. Do you suffer from a 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. Allergy (hay fever, rashes, food hypersensitivity, 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 drink alcohol on a regular basis?

YES ☐ NO ☐

19. Are you accustomed 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 to inform the X-ray machine operator BEFORE PERFORMING THE EXAMINATION. X-ray pictures 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.: to remind you about the dates of the booked appointments, check-ups, hygienization appointments, changes in the booked dates, possible postponements, cancellations, delays?

SMS YES ☐ NO ☐

Phone YES ☐ NO ☐
Mail YES ☐ NO ☐

24. I was previously under dental care

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

25. I was referred to the TRIO-DENT Dental Clinic in the following way:

- Recommendation by another doctor ☐
- Recommendation by other patients/friends ☐
- Facebook ☐
- Advertising ☐
- Instagram ☐

26. I have been sent to the Trio-Dent Dental Clinic to:

- a specific doctor / hygienist ☐
.....
(name and surname)
- without a specific name of a doctor/dental hygienist ☐

27. I declare that if necessary, I agree to be referred for additional diagnostic tests (such as: radiological, photographic, bacteriological, laboratory, intraoral scans), at the same time, I declare that I am aware that in some situations a lack of consent may cause suspension or refusal of medical services by the Clinic:

YES ☐ NO ☐

I DECLARE THAT THE INFORMATION IS COMPLIANT WITH THE TRUTH.

WARSAW,

Patient's legible signature.....

WE KINDLY ASK TO UPDATE THE INFORMATION WHENEVER THERE IS A CHANGE IN HEALTH DURING SUBSEQUENT APPOINTMENTS AT OUR CLINIC.

The information clause regarding the Patients of TRIO-DENT Sp. z o.o Sp. k.

1. The administrator of your personal data is **TRIO-DENT sp. z o.o. sp. k.** with its registered office in Warsaw (00-622) at ul. Polna 3, phone: +48 22 82 62 064. The administrator has appointed a Data Protection Officer whom you may contact via email: iod@triodent.com.pl
2. The legal basis for the processing of your data in the scope of conducting medical activities, including the scope of keeping medical records is Article 6, clause1 subpoint c of the Regulation 2016/679 of the European Parliament and of the (EU) Council of April 27, 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 the GDPR) in connection with the provisions of the Act of 15.04.2011 on medical activities and the Act of November 6, 2008 on patients' rights and the Ombudsman for patients' rights. The basis for data processing to the extent

necessary to protect the vital interests of a patient may also be Article 6, clause 1 subpoint d of the GDPR To the extent in which the data processed include data of specific categories, the legal basis for data processing is Article9 clause2 subpoints c and h of the GDPR.

3. Your data is processed to protect your health, provide medical services, manage the provision of these services and treatment. Providing them is voluntary, however, failure to do so will result in the inability to perform the medical service.
4. Your personal data is processed only to the extent related to the implementation of the above purposes. We do not share your data with other recipients except entities which process data on our behalf, which participate in the implementation of the objective described in point 2, or participate in the implementation of legal obligations imposed on us, and entities authorized under the regulations of the law.
5. The administrator does not intend to transfer your data to a third country or to international organizations.
6. Your data will not be kept longer than it is necessary, i.e. for the period designated by the applicable law: the Act of November 6, 2008 on patients' rights and the Ombudsman for patients' rights.
7. 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.
8. Due to the processing of your personal data by the Administrator, you have the right to submit a complaint to the supervisory authority.

9. 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.

10. Based on your personal data, the Administrator *will not* make automated decisions concerning 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 person's personal factors, in particular to analyze or forecast aspects concerning the work of that individual, his/her economic situation, health, personal preferences, interests, credibility, behaviour, location or movement.*

Your personal data may be used for marketing purposes only after acquiring your consent.

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

YES ☐ NO ☐

Patient's legible signature.....