Yokohama Aoba Dentalclinic
HEALTH QUESTIONNAIRE

Name : _____ (M/F) Date of Birth : (YY/MM/DD) ___／___／___

Address : Postal code _____

Phone No. : _____

《The purpose of your visiting.》 ☐check please

☐Dental check up ☐Caries prevention ☐Cleaning/Whitening ☐Dental calculus removal

Tooth→ ☐Pain ☐Loosing a filling(A metal cap or plastic material) ☐Having a hall
☐Sensitive to(Cold/Hot/Sweet) ☐Stuck something ☐Getting loose ☐Grinding
☐Hit the tooth

Gum→ ☐Pain ☐Inflamed ☐Bleeding ☐Pus came out from the gum

Jaw→ ☐Pain ☐Sound strange by jointing ☐Having problem of opening the mouth
☐Feeling tired in the morning

☐Orthodontic treatment ☐Mouth odor(Bad breath) ☐Other

《Please state a spot》

☐Upper ☐Lower ☐Right side ☐Left side ☐Front ☐Back ☐All ☐Other

《Please state when did you have the symptoms》

☐From _____day(s)ago ☐From _____week(s)ago ☐From _____month(s)ago ☐Other

《Question about your systemic disease》

☐Do you have any disease? Yes/No

If yes, please state. ☐check please

☐Disease of heart ☐Disease of Kidney ☐Diabetes(hemoglobin A1c___%) ☐Disease of Liver
☐Hypotension ☐Anemia ☐Hypertension ☐Asthma ☐Other_____

Do you have any allergy? Yes / No If yes, please state. I am allergic to
①Medicine_____ ②Metal_____ ③Rubber_____ ④Food_____ ⑤Other_____

Do you have a pacemaker? Yes / No

Have you ever had abnormal bleeding from an injury or tooth extraction? Yes / No

Have you ever had reaction during dental treatment or injection for anesthesia? Yes / No

Do you smoke? Yes / No

Are you taking any medicine or drug? Yes / No

If yes, please state the name of the medicine_____

Especially ☐Warfarin・Asprin ☐osteoporosis.

About anticancer therapy. If yes, please check ☐radiation ☐chemotherapy

《Please check、when you are now about the illness of blood even if Carrier or before.》

☐Blood has been transfused. ☐Dialysis ☐Hepatitis B ☐Hepatitis C

☐human immunodeficiency virus ☐another blood disease

《It is a question at a woman.》

Are you pregnancy? Yes / No / Not sure If yes, please state the month. _____month(S)

DO you breast feed? Yes / No