Dental Studios

Preserving Smiles

Centre for Preventative Dentistry

Dr. Uwe Esdar

Dentist / Tandarts / Zahnarzt

Milner House Studio
1 Milner Road
Cape Town / Tamboerskloof
8001
Tel +27 21 4241992
dresdar@telkomsa.net
www.capedentist.co.za

Emergency +27 21 7021245

Rose Avenue Studio
16 Rose Avenue
Tokai / Kirstenhof
7945
Tel +27 21 7121231
Fax +270217154708

Health Questionnaire- Approved by the Dental Association of South Africa

Dr. Esdar, your Dentist is concerned about your health. Oral treatment may be influenced by general health. Please answer this questionnaire as clearly and fully as you can.

Title: ┐ Prof. ┐ Dr. ┐ Rev. ┐ Mr. ┐ Mrs. ┐ Ms. ┐ Miss. ┐ Mast.	
Surname:	First Name:
Date of Birth:	I.D. Number:

General Medical Practitioner:

Name:
Address:
Tel. No.:

Are you being treated by any specialist (e.g. physician, surgeon)?
┐ Yes, please detail:
┐ No

General Conditions: (please tick off)

- ┐ Allergy (specify)
- ┐ Diabetes
- ┐ Epilepsy
- ┐ Arthritis
- ┐ Hepatitis / Jaundice
- ┐ High Blood Pressure

- ┐ Low Blood Pressure
- ┐ Anemia
- ┐ Chest problems
- ┐ Bleeding Tendency
- ┐ Artificial Body parts (e.g. Hip, Knee,…)
- ┐ Heart Problems
- ┐ Rheumatic Fever
- ┐ Cardiac Pacemaker
- ┐ Asthma
- ┐ Tuberculosis
- ┐ HIV
- ┐ Immune Suppressants

Do you have any disease, condition or problem not listed above that you feel we should know about? Please detail:

Are you taking any medicines at present?

┐ Yes, please detail:
┐ No

Have you ever taken any of the following?

┐ Antidepressants, Name:
┐ Tranquilizers, Name:
┐ Cortisone, Name:
┐ Blood Thinners, Name:
┐ Allergy Medication, Name:
┐ Name any other medication**:**

Female Patients: Are you pregnant? Please tick off:

┐ Yes, which semester:
┐ No
┐ On the Pill
┐ Any other contraceptive, Name:

I hereby confirm, that I filled out the form to my best knowledge.

Date:	**Signed at Dr. Uwe Esdar,Cape Town**
Signature (Self/ Parent/Guardian)	