



Registration questionnaire (kids)

By filling out this questionnaire, you will help us to best treat your child's teeth based on important information about your health. The questionnaire becomes part of your medical record, serves no other purpose and the information contained in it is subject to medical confidentiality. In case of any changes in your child's health or use of medication, please inform us immediately!

1. Personal information (about **child**)

Last name, first name

Date of birth Birth number

Health insurance company

Permanent address

Name of treating dentist Preventive check-up last

Legal representative:

Last name, first name, title Date of birth

Permanent address

Mobile phone number E-mail

2. The child's state of health

Is he/she currently being treated for anything? Yes No

if yes, with what.....

medicines taken (including dietary supplements).....

.....

Is he/she allergic or had a reaction to medication or anesthesia? Yes No

Please, specify

Is he/she being treated for any of the following diagnoses?

Rheumatism	Yes	No	Blood clotting disorder	Yes	No
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Respiratory diseases	Yes	No	Hepatitis - A, B, C	Yes	No
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Epilepsy	Yes	No	Thyroid disease	Yes	No
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Diabetes mellitus	Yes	No	Heart disease	Yes	No
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HIV positivity	Yes	No	Liver disease	Yes	No
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Pacemaker	Yes	No	High blood pressure	Yes	No
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Stomach and bowel disease	Yes	No	Transplant	Yes	No
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Immune disorders	Yes	No			
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Other disease? Please, specify

3. Dental hygiene

used by a child:

Toothbrush	Yes	No	what type:	soft	medium	hard	hard
Interdental brushes	Yes	No	Dental floss		Yes	No	
Other aids							
how often does he/she brush his teeth?.....			Cleaning by parent		Yes	No	
Bleeding gums	Yes	No	Problems with the jaw joint		Yes	No	
Tooth sensitivity	Yes	No	Clenching teeth		Yes	No	
Observed to orthodontics	Yes	No					

4. Organizational information

I agree to receive information messages (e-mail and SMS) reminding me of the order date

Yes No

If for any reason you are unable to attend a scheduled dental hygiene appointment in our office, **especially if you fall ill with an acute infectious disease** (cold, herpes) we ask you to apologize in advance (by phone, SMS, e-mail, in person). Thanks to our flexible appointment system, we will be able to offer your appointment to another patient immediately. We hope that your early apology will contribute to shorter appointment times for all patients. We would also like to inform you that if you do not show up for your scheduled appointment without an apology, we will be forced to ask you for financial compensation for the lost time according to the current price list. By signing this form, I certify that the information I have filled out is true, I have read and agree to the terms of treatment (Health Care Contract), and I understand the information provided herein.

I certify that my child's dental hygiene is in accordance with his/her dentist's treatment plan and I accept his/her recommendations (verbal or written).

Patients under the age of 18 come accompanied by their parents or unaccompanied by their parents under their parents' responsibility. By entering the waiting room/office, the parent consents to the child's treatment.

Date Signature

Your personal data provided on this questionnaire will be processed by dental hygienist Bc. Tereza Mošnicková, DiS., for the dental hygiene office Depurato s.r.o., IČO 23075775, registered office Roztocká 1026/2, Velké Přílepy. (hereinafter also referred to as "DH"), which is the controller of personal data within the meaning of Article 4, paragraph 7, GDPR, for the legal reason and for the purpose of the necessity of the processing for the fulfilment of the legal obligation to which DH is subject (§ 53, paragraph 2 of the Health Services Act), and in the case of title, e-mail, telephone number and health insurance company, for the legal reason and for the purpose of DH's legitimate interests in communicating with you and in the possible financing of the relevant procedure by your health insurance company. Personal data that tells us about your health is processed because it is necessary for the purposes of providing healthcare or treatment. Your personal data will be processed exclusively by DH, its employees or by another person who processes personal data for DH on the basis of a contract with DH. Your personal data will be provided to other recipients, in particular to a general dentist or other dental specialists (orthodontist, periodontist) for the purpose of providing follow-up healthcare in accordance with the relevant provisions of the Health Services Act. Your personal data will only ever be processed by DH for the time necessary to achieve the purpose for which it is processed, for the period specified by the relevant legislation, i.e. for 5 years from 1 January of the calendar year following the date of your last visit to DH. Providing your personal data, except for your title, email, phone number and health insurance company, is a legal requirement. You are not obliged to provide your personal data, but if you do not provide it, you may not be able to have dental hygiene treatment. The processing of your personal data will not involve automated decision making, including profiling. In relation to your processed personal data, you have the following rights under the GDPR: the right to access personal data, the right to rectification of inaccurate data, the right to erasure of personal data, the right to restriction of processing of personal data, the right to data portability, the right to object to the processing of personal data, the right to lodge a complaint with the Data Protection Authority, and the right to not to be subject to any decision based solely on automated processing, including profiling. In relation to the exercise of the above rights, you are entitled to contact DH directly, either by sending a letter to DH's registered office address, by hand delivering the letter to DH, or by email to info@depurato.cz.