

2.4 Medication

Please specify the prescribed medication: \_\_\_\_

This page is to be filled in by the general practitioner, specialist, nurse or nurse practitioner. Patient Name: Age:\_ 1. Oral health and overall health My patient's oral health needs to be monitored closely due to presence of or suspected presence of the following conditions: ☐ Cardiovascular disease Endocarditis □ Stroke Diabetes ☐ Pregnancy and birth complications Pneumonia ☐ HIV/AIDS Osteoporosis ☐ Alzheimer's disease ☐ Parkinson's disease Autoimmune disease (MS, Rheumatoid Arthritis, Lupus) ☐ Cancer and cancer treatment Other: \_\_ 2. For patients living with diabetes 2.1 Metabolic control Good Moderate ☐ Poor 2.2 Compliance with diabetic treatment regimen 2.3 Existing diabetic complications If there are any, please specify:

## 3. Oral health

patient	The link between diabetes and periodontitis (can negatively impact metabolic control and treatment success, increases risk of complications)  Importance of (bi)-annual dental check-up  Oral hygiene (brush twice a day and perform interdental cleaning)  Signs and symptoms of gum disease (red/swollen gums, bleeding, bad taste, "longer teeth", bad breath, loose teeth, widening spaces between teeth, dry and/or "burning mouth")
4. Op	otional comment
Kind re	egards,
Name	
Date	cal practice address Signature