



Dear Patient,

We are very pleased to welcome you in our dental practice. Before we can devote your dental wishes, we require besides your personal data, also information about your general health. This is important for an adequate and low-risk treatment. We will talk about the most important questions and answers in detail with you in a moment. As a matter of course all information are subject to the medical confidentiality. We would be pleased to help you if you have any questions.

1 | Personal information

PATIENT'S CONTACT DETAILS

m f

Surname, Given Name	Date of birth	Place of birth
Street	ZIP Code / City	
Phone No.	Mobile	
E-Mail		
Profession	Phone No. Employer	
Employer/Company		

If you are not the insurance policy holder please provide further details:

INSURANCE POLICYHOLDER

m f

Surname, Given Name	Date of birth
Street	ZIP Code / City
Phone No.	Mobile
E-Mail	
Profession	Phone No. Employer
Employer / Company	

INSURANCE

Health Insurance Company

Legally Insured

Private Health Insurance

2 | General questions concerning your health

Name of the family doctor

Contact data

Were X-ray images of your teeth and/or head taken before? Yes No

When have they been made and who has done the X-ray images?

MEDICAL TREATMENT

Are you under medical treatment at the moment? Yes No
If yes due to which illness?

METABOLIC DISEASES

Diabetes? Yes No

Thyroid disorders? Yes No

Kidney diseases? Yes No

Gastric-infections / Intestinal illnesses? Yes No

Chronic liver disease? Yes No

Other?

HEART COMPLAINT

Cardiac insufficiency? Yes No

Cardiac pacemaker/ Artificial heart valve? Yes No

State after a heart attack? Yes No

Other

DISORDERS OF THE NERVOUS SYSTEM

Epileptic fits? Yes No

Depressions? Yes No

VASCULAR DISEASES

High blood pressure? Yes No

Low blood pressure? Yes No

Other

OTHER DISEASES AND INFORMATION

Rheumatism? Yes No

Lung diseases /Asthma? Yes No

Nasal diseases / Paranasal sinuses diseases? Yes No

Do you have any other diseases? Yes No

If yes, please specify

INFECTIOUS DISEASES

Hepatitis (A/B/C)? Yes No

Tuberculosis? Yes No

HIV? Yes No

3 | Specific questions concerning your health

MEDICATION

Are you regularly taking any medication? Yes No
If yes, which medication?

ALLERGY

Do you have any hypersensitivity or allergy, in particular in regard to any medication? Yes No
If yes, please specify.

Are you taking any blood-thinning medication? Yes No
If yes, which medication

Do you have an allergy pass? Yes No

Are you taking any medication against osteoporosis or tumour diseases (for example bisphosphonates)? If yes, which medication? Yes No

Do you consume alcohol or other drugs on regular basis? If yes, please specify. Yes No

FOR OUR FEMALE PATIENTS

Do you breastfeed? Yes No

Are you pregnant? If yes, which month? Yes No

Do you smoke? Yes No

Do you consume stimulants or sedatives? If yes, please specify. Yes No

DO YOU WANT TO BE REMINDED OF YOUR NEXT APPOINTMENT?

Yes No

via e-mail to: _____

via post In exceptional cases, we also send you the reminder by post.

Appointments

In order to avoid latency, your appointments are scheduled exclusively for you. In case you are unable to attend your appointment we would like to ask you to inform us **at least 24 hours before** in order to reschedule. Otherwise we would need to charge the costs caused by not attending the appointment.

Participating in traffic

Be aware that the dental treatment or the received medication might affect your ability to drive a car for up to 24 hours. This may be caused both by the treatment itself, as well as by the influence of injections, or other medicaments. On request, we gladly call you therefore a taxi that brings you home safely.

Health Insurance Card

We require your health insurance card at every visit to our dental practice. If it is not present 14 days after your treatment, we consider you as a private patient and you will receive an invoice.

Declaration

I have filled out this questionnaire to the best of my knowledge and confirm with my signature that the provided information are complete and correct. Furthermore, I will inform you if there are any changes in the provided information.

Place, Date

Signature of patient