



Dear patient, welcome to our dental practice.

In addition to personal information we need some information about your general health status, because some illnesses might have implications for your treatment. In due course we will take the opportunity to talk about your individual wishes, but in the first instance please

take your time to fill in this form, which we shall add to your records. Of course this information will be treated confidentially. And also in the future, please tell us of any changes in your medical status.

Patient

Surname, Name _____ Date of Birth _____
Street, House No. _____ Postal Code, City _____
Telephone _____ Mobile _____
Email _____ Profession _____
Insurance _____
State/Compulsory Insurance _____ Private Insurance _____
Additional/Extra private Insurance _____

Insured

Surname, Name _____ Date of Birth _____
Street, House No. _____ Postal Code, City _____

Name and address of your family doctor

Name _____ City _____
Telephone _____

Did you ever have problems with your

Heart or circulation Gastrointestinal passage
Liver Joints (e.g. rheumatism)
Kidney Spine
Thyroid

Did you ever have

Trauma to the head Hepatitis
High blood pressure If yes, what type? A B C
Low blood pressure Allergies
Diabetes Which ones and against?
Bleeding disorder
Tinnitus Osteoporosis
Epilepsy Do you need an endocarditis prophylaxis?
Glaucoma Tumour?
Tuberculosis If yes, where?
HIV (Aids)
Psychological illnesses
Operations to the head?
Where?
Any other illnesses?
Which ones?

Do you take any of the following medications?

Heart medication
Painkillers
Blood thinners
Any other?
Which ones?

Bisphosphonates
Did you ever have an allergy against any medication or injection?
If yes, which one?

Is there anything else that you want to draw our attention to?

For our female patients

Are you pregnant? *How long?*

What is your chief complaint that brings you to us?

Pain relief
Problems with gum bleeding or gum recession
Did you ever have periodontal treatment?
Did you ever have pain or creaking in your temporomandibular joint?
Did you ever have pain in your head, neck, shoulders or back?
Do you wish to have new prosthetics?
Are you unhappy with the aesthetics of your teeth?
Are you interested in dental prophylaxis e.g. tooth hygiene?
Are you interested in high-quality fillings?
Anything else?

Last but not least

Do you grind your teeth?
Do you have a lot of stress?
Do you take drugs?

Do you smoke?
Do you snore?

Do you have any special wishes for your dental treatment?

Do you want to be reminded about your next check-up?

If yes, by which method? Email Mail SMS

How did you find our dental practice?

Recommended by

Telephone directory

Internet

Other

Notes regarding roadworthiness after dental treatment

Please note that, in certain circumstances, your roadworthiness after dental treatment can be affected for up to 24 hours. This may on the one hand be caused by the treatment itself or on the other hand by

injections, or medication. If you wish we can order a taxi for you to bring you home safely.

Place, Date

Signature

Dear patient, our dental practice works with scheduled appointments. This means that we reserve the appointed time just for you. This also means that we kindly ask you, if necessary, to cancel your appointment at least 48 hours in advance, so that we can pass the appointment on to someone else.

Failure to do may mean that we have to charge you a cancellation fee. This will not apply if the cancellation is not your fault. Please note, that we are obliged to give priority to emergency pain patients, which might cause some waiting time.

Place, Date

Signature