

Medical history

General diseases can also have an impact on dental treatment. Therefore, the legislator obliges us to ask for the information contained in this questionnaire. Please note that this information is subject to medical confidentiality. They serve exclusively to adapt our treatment to your state of health.

Should there be any changes to your state of health or the medication you are taking at a later point in time, we ask that you inform us of this immediately.

Your details may be stored electronically by us, but are subject to the strict provisions of data protection..

patient:

 surname first name date of birth

insured:

 surname first name date of birth

address:

 post code residence street

 phone number mobil number country

Health insurance: _____

Employer: _____

 work number career

Are you interested in the following modern treatment methods?

yes	no
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Treatment with dental laser
 High quality made of ceramic fillings or ceramic plastic
 Professional dental cleaning
 Denture cleaning

Do you take any medication?

 drug: against:

 drug: against:

 drug: against:

		Yes	No
Cardiovascular diseases	cardiac pacemaker		
	irregular heartbeat		
	synthetic cardiac valve		
	valvular defect of the heart, heart condition		
	high blood pressure		
	Ventricular septal defect (VSD)		
	angina pectoris		
	heart attack (-when?)→		
Metabolic diseases	diabetes		
	disease of thyroid gland		
Diseases of the CNS	epilepsy		
Blood diseases	increased bleeding tendency		
	ingestion of anticoagulant medications		
	which ?.....		
	other blood disease :		
Allergies	allergic to penicillin		
	asthma		
	other allergies		
Infectious diseases	hepatitis (A , B or C ?)..... when ?.....		
	tuberculosis		
	HIV / AIDS		
	other (which?)		
Diseases of Immune system	If so, which?		
			
Other diseases	If so, which?		
			
Are you pregnant?	Which month?		
Do you smoke?			
Do you have any supplementary insurance?			
Do you want us to remind you of your next appointment (recall) ?			

We have to inform you that local anesthetics given during dental treatment may restrict your roadworthiness.

date

patient signature