Welcome to our practice

We want to apply the best therapy according to your wishes and your health status. Therefore we have some questions to you. All these data are subject to the doctor-patient confidentiality.

Patient: _____
last name first name date of birth

Member of social health insurance: _____
last name first name date of birth

Address: _____
street, No. zip-code, town phone

Employer: _____ place:_____

Profession: _____ phone:_____

Health insurance: german insurance ☐ german insurance+private ☐
private insurance ☐ invoice double ☐

Health insurance: _____

Recommendation by: _____

Why do you seek dental treatment?

Do you have toothache?	No	☐ /	Yes	☐
Is your gum bleeding?	No	☐ /	Yes	☐
Do your gum go down?	No	☐ /	Yes	☐
Are your teeth loose?	No	☐ /	Yes	☐
Do you have pain in the jaw?	No	☐ /	Yes	☐
Do you have a removable denture?	No	☐ /	Yes	☐
Do you have x-rays?	No	☐ /	Yes	☐
How old?	_____			
Are you afraid of dental treatment?	No	☐ /	Yes	☐
Do you want to be informed about the latest and most innovative dental therapy (inlays, implants) - even if they are not supported by the social health insurance fund?	No	☐ /	Yes	☐
Do you want us to remind you of the annual check up?	No	☐ /	Yes	☐

Please turn the page!

Diagnostic Findings

Do you now have or did you have in the past any of the following diseases?

allergy	No ☐ /	Yes ☐	_____
respiratory problems	No ☐ /	Yes ☐	_____
disorder of blood clotting	No ☐ /	Yes ☐	_____
diabetes	No ☐ /	Yes ☐	_____
seizure disorder (epilepsy)	No ☐ /	Yes ☐	_____
thyroid diseases	No ☐ /	Yes ☐	_____
do you have glaucoma?	No ☐ /	Yes ☐	_____
cardiovascular diseases	No ☐ /	Yes	☐ cardiac insuffiency ☐ angina pectoris ☐ heart attack ☐ valvular defect, v. substitute ☐ cardiac arrhythmias ☐ circulatory disorder ☐ apoplexy ☐ high blood pressure (hypertension) ☐ low blood pressure (hypotension)
diseases of the hemopoietic organ (hemic diseases)	No ☐ /	Yes ☐	_____
infectious diseases	No ☐ /	Yes	☐ TB ☐ HIV positive/AIDS ☐ hepatitis A ☐ hepatitis B ☐ hepatitis C
diseases of the liver	No ☐ /	Yes ☐	_____
diseases of the gastrointestinal tract	No ☐ /	Yes ☐	_____
kidney problems	No ☐ /	Yes	☐ chronic renal insufficiency ☐ dialysis
rheumatic diseases	No ☐ /	Yes ☐	_____
tumoric diseases	No ☐ /	Yes ☐	_____
osteoporosis	No ☐ /	Yes ☐	_____
do you smoke?	No ☐ /	Yes ☐	_____
are you pregnant?	No ☐ /	Yes ☐	_____
do you use medications?	No ☐ /	Yes ☐	_____
are you under medical control?	No ☐ /	Yes ☐	_____

doctor's name & phone

_____

_____

Hochheim, _____ _____

date signature (for underaged: the parents)