

Medical History



Dear patient,

we are pleased to welcome you as a new patient in our surgery.

For the best possible dental treatment we need some informations about your person which is subject to professional discretion of course. We would like to ask you to tell us about future changes of your state of health or your adress.

patient

family name _____ first name _____ date of birth _____

insured person

family name _____ first name _____ date of birth _____

address

street _____ postcode, place _____ phone privat _____

2nd address

street _____ postcode, place _____ phone job _____

professional activities (job)

_____ e-mail _____

I have read the General Data Protection Regulation which has been valid since May 25, 2018 and agree to the processing of personal patient data in accordance with Article 6 (1) lit. A Article 7 GDPR.

Do you suffer from any of the following diseases:

	YES	NO		YES	NO
too high / low bloodpressure	<input type="radio"/>	<input type="radio"/>	mental illnesses / epilepsie	<input type="radio"/>	<input type="radio"/>
heart disease <i>(e.g. endocarditis, artificial heart valve, peacemaker of heart, angina pectoris)</i>	<input type="radio"/>	<input type="radio"/>	thyroid diseases	<input type="radio"/>	<input type="radio"/>
lung disease <i>(e.g. asthma)</i>	<input type="radio"/>	<input type="radio"/>	infectious diseases <i>(e.g. Tbc; Hepatitis A, B, C; HIV)</i>	<input type="radio"/>	<input type="radio"/>
diabetes	<input type="radio"/>	<input type="radio"/>	allergies (medicines, pollen, metal)	<input type="radio"/>	<input type="radio"/>
circulatorydisturbances / blood	<input type="radio"/>	<input type="radio"/>	If yes, which: _____		
clotting disorder	<input type="radio"/>	<input type="radio"/>	rheumatism	<input type="radio"/>	<input type="radio"/>
other diseases?	<input type="radio"/>	<input type="radio"/>	Are you pregnant?	<input type="radio"/>	<input type="radio"/>

If yes, which: _____

Do you take any medicines at the moment? YES NO

If yes, which: _____

Do you wish to be informed by us about new methods of treatment?

teeth-coloured filling / inlay	<input type="radio"/>	<input type="radio"/>	tight dentures help through implants	<input type="radio"/>	<input type="radio"/>
precautionary measures / potection against parodontitis	<input type="radio"/>	<input type="radio"/>	others: _____		

In order to have you waiting only a very little time we run a reservation system. If you are not able to keep an appointment we would like to ask you to inform us early as possible.

date _____ signature of patient or of guardian _____