

QUESTIONNAIRE

Patient _____
Surname Name Date of Birth

Insured Person _____
Surname Name Date of Birth

Address _____
Street Postal code City

Phone: _____ Mobil: _____

Profession: _____ Company: _____

E-Mail: _____

Health Insurance _____

Additional insurance _____

General disorders

Please check all boxes if indicated:

	Yes	No		Yes	No
Allergies?	<input type="radio"/>	<input type="radio"/>	Asthma?	<input type="radio"/>	<input type="radio"/>
If yes, please specify?			Kidney diseases?	<input type="radio"/>	<input type="radio"/>
_____			Blood coagulation disorders?	<input type="radio"/>	<input type="radio"/>
Heart disease?	<input type="radio"/>	<input type="radio"/>			
Infections:	<input type="radio"/>	<input type="radio"/>	Epileptic seizures?	<input type="radio"/>	<input type="radio"/>
Hepatitis <input type="radio"/> HIV <input type="radio"/> Tuberculosis <input type="radio"/>			Osteoporosis?	<input type="radio"/>	<input type="radio"/>
Diabetes?	<input type="radio"/>	<input type="radio"/>			
Other diseases?					

Are you currently receiving medical treatment?
If yes, why?

QUESTIONNAIRE

Diseases of the mouth and head area

Yes No

- Are you in pain? Yes No
- Do you suffer gum bleeding? Yes No
- Do you suffer the feeling of bad breath? Yes No
- Do you have sounds/clicks in the jaw joint (while yawning, chewing)? Yes No
- Have you had orthodontic treatment? Yes No
- Are you satisfied with the color of you teeth? Yes No
- When was the last dental visit? _____
- When was the last professional dental cleaning? _____
- Were x-ray taken in the last year?
If yes where?

What medications are you taking at present?

- Do you smoke? Yes No
If yes, how many?

Are you pregnant? Yes No

What is he purpose of your visit?

How do you want to be reminded of temporally extended appointments?

- by call
 by SMS

How did you get noticed of our practice?

Kindly inform us about appointments you can't hold. Otherwise and if no replacement can be found a additional fee will be charged.

I agree that my data is stored in line with the German Privacy Law.

With your signature you proof the true indication of the above-mentioned statements.

Date

Signature