

Dear Patient!

Before we can unhurriedly talk about your dental request, we need some advices about your state of health, beside your personal data, because also generalized diseases could effect the dental surgery. Therefore we would ask you to fill out this data entry form. It will be attached to your personal documents. As a matter of course all the given information are bound to medical confidentially.

Personal data

Name / First Name _____

Date of birth _____ Place of birth _____

Street / House Number _____ Post Code / Place _____

Telephone _____ mobile _____

E-Mail _____ Occupation _____

Telephone Employer _____

Health insurance / private health insurance _____

Compulsory insurance yes no private health insurance yes no base rate yes no

Additional insurance yes no eligible of benefit yes no

If you are not a member of health insurance, who is insurant?

Name / First Name _____ Date of birth _____

Street/ House Number _____ Post Code / Place _____

Who is your family doctor?

Name _____ Place _____

Telephone _____

References to the organization

If you are not able to realize an appointment we would like to ask you to tell us 24 hours earlier. Otherwise, we possibly have to charge the time of nonuse. We want to point out, that the invoice writing over the private accounting office Reiss in 78244 Singen, since 1.1.2002. As a matter of course, there won't be any disadvantages for you.

For Private Patient

The performed services for you will be accounted accordingly to the "Gebührenordnung für Zahnärzte" (GOZ) an the "Gebührenordnung für Ärzte" (GOÄ). The dentist will decide by means of extent and difficulty of the medical treatments, in which amount between the basic charge rate and the 3.5 times charge rate will be discounted. Departures hereof require the previous written agreement.

References to the roadworthiness after dental treatments

Please observe, that the roadworthiness might be affected up to 24 hours after a dental treatment. This could be affected by the treatment itself, but also by the injection or other medicaments. On demand we would like to call you a Taxi or carry you home.

In personal belonging

How did you take notice of our praxis?

Recommendation of your personal dentist Recommendation of friends Telephone book advertisement

Transfer of _____

Internet, by the website _____ Other _____

If we were recommended, did you previously take a look on our internet presence? yes no

Would you like to receive our monthly Newsletter? yes no

Shall we put you in mind of your next check-up? If yes, by E-Mail SMS Post telephone

Would you like to be informed about better medical treatments although there are not adopted by the health insurance? yes no

- turn it over -

Why did you call on us? Would you have a / an

- routine check
- new artificial dentition
- pain therapy
- second opinion
- other reason
- advice to implants
- advice for a professional cleaning and oral hygiene

Do you feel pain at the moment?

yes no

- continuous pain
- teeth react on sweet / sour
- teeth react sensitive on temperature
- teeth hurt while chewing
- teeth hurt although there is no burden
- pain or inflammation of the gingiva
- pain of the jaw or the temporomandibular joint

Did you ever suffer from diseases of the ...

- Cardiovascular diseases yes no
- hepatic yes no
- kidney yes no
- thyroid yes no
- gastro-intestinal system yes no
- joints (rheumatism) yes no
- backbone yes no

Did you ever have ...

- neck pain yes no
- hypertensive yes no
- hypotensive yes no
- migraine yes no
- Falling sickness (Epilepsy) yes no
- tumor diseases yes no
- If yes, which one? _____
- asthma yes no
- diabetes yes no
- osteoporosis yes no
- gum bleeding yes no
- gingival recession yes no
- loosened teeth yes no
- tinnitus yes no
- glaucoma yes no
- tuberculosis yes no
- HIV / AIDS yes no
- hepatitis yes no
- If yes, which type? A B C
- allergies yes no
- If yes, which one? _____
- Do you have an Allergy ID? yes no
- Other diseases:

Cardio: Did you ever have an ...

- inflammation of the cardical valve
- pacemaker
- Angina Pectoris
- heart attack

Medicaments: Did you take ...

- heart medication
- pain medication
- blood thinner (Marcumar®, ASS)?
- other medicaments:
- cortisone
- antidepressants
- bisphosphonates

Are there any incompatibleness against medicaments or injections?

yes no

If yes, against what?

For our feminine patients

Are you pregnant?

yes no

If yes, in which week? _____

At last

- Did you ever fall over at the dentist? yes no
- Do you tend to bleedings? yes no
- Do you grind your teeth? yes no
- Are you under psychological pressure? yes no
- Do you smoke? yes no
- Have you been in hospital during the Last 2 years? yes no
- Are you at medical attendance? yes no
- Have you ever had a physiotherapy or orthopedic treatment? yes no
- If so, when was the treatment? _____
- When were the last X-Rays taken of your teeth?

Questions / Comments:

Please tell us if your health status changes.

Date

Signature

