

BASIC INFORMATION CONCERNING YOUR HEALTH STATUS

Zahnarzt **DR. CHRISTIAN DALLES**, MSc.

Zahnärztin
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Thank you for choosing our practice. Before we begin with your treatment we need some basic information concerning your health status and general information. This information is very important for a risk-free treatment and is compulsory protected by duty of secrecy.

First name and surname					
Your @-mail address					
Address					
City and postal code					
Date of Birth	Insurance				
Phone - private	Employer				
Phone - work	Profession				
Your physician					
Heart disease/circulation disease		Yes	No		
Infectious diseases (Hepatitis, HIV; TBC etc)?		Yes	No		
Internal diseases (Diabetes, Endocarditic, hemophiliac, renal diseases)?		Yes	No		
Rheumatic diseases?		Yes	No		
Are you pregnant?		Yes	No		
Disease of the thyroid gland (iodine)?		Yes	No		
Do you take medicine (oral contraceptive) ?		Yes	No		
Do you have an X-ray protocol?		Yes	No		
Do you smoke?		Yes	No		
Headache / neck ache?		Yes	No		
Do you grind your teeth?		Yes	No		
Are you satisfied with the oral appearance of your teeth?		Yes	No		
Are you dissatisfied with any prosthetic supply?		Yes	No	during the day / during the night	
Do your gums even bleed (sometimes)?		Yes	No		
How old is your existing prosthetic supply (prostheses, crown and bridgework)?		In Years			
Do you have any reservations about the use of mercury- amalgam fillings?		Yes	No		
Have you been informed about dental implanto	logy?				
Why did you choose our practice (friends / yell	ow pages / accidental)?				
Have you ever had professional cleaning (Oral hygienist care)		Yes	No		
Would you like to participate in our free postal-info-service?		Yes	No		
Comments					
Finally, we have a request concerning our practi	ce organisation: To keep things runn	ing sm	nooth	ly and to avoid delays. We would	

ask you to please give 24 hours notice if you cannot attend an appointment. Otherwise we will bill a no-show fee (100,00 Euro per hour). Please do not operate heavy machinery after local anesthetic.

Date	Signature	