



BASIC INFORMATION CONCERNING YOUR HEALTH STATUS

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 (protheses, 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 implantology?

Why did you choose our practice (friends / yellow 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 practice organisation: To keep things running smoothly 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 _____