

# Basic information concerning your health status



PRAXIS FÜR ZAHNGESUNDHEIT HEMAU

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 |
|----------------|

|   | Yes      | No |                                   |
|---|----------|----|-----------------------------------|
| Heart disease/circulation disease   |          |    |                                   |
| Infectious diseases (Hepatitis, HIV; TBC etc)?                                |          |    |                                   |
| Internal diseases (Diabetes, Endocarditic, hemophiliac, renal diseases)?      |          |    |                                   |
| Rheumatic diseases?   |          |    |                                   |
| Are you pregnant?   |          |    |                                   |
| Disease of the thyroid gland (iodine)?  |          |    |                                   |
| Do you take medicine (oral contraceptive) ?                                   |          |    |                                   |
| Do you have an X-ray protocol?  |          |    |                                   |
| Do you smoke?   |          |    |                                   |
| Headache / neck ache?   |          |    |                                   |
| Do you grind your teeth?  |          |    |                                   |
| Are you satisfied with the oral appearance of your teeth?                     |          |    |                                   |
| Are you dissatisfied with any prosthetic supply?                              |          |    | during the day / during the night |
| Do your gums even bleed (sometimes)?  |          |    |                                   |
| 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?      |          |    |                                   |

|   |
|---|
| 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)          |  |
| Would you like to participate in our free postal-info-service?         |  |
| 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 \_\_\_\_\_