

Welcome to our practice !

Before we can discuss your wishes in the field of dentistry, we need information about your general state of health in addition to your personal data. This information is subject to medical confidentiality and the Data Protection Act. If there are any uncertainties when filling out the questionnaire, or if you have any questions, please contact us. We will be happy to help you.

Patient:

Last Name: _____

First Name: _____

Street: _____

Zip Code / City: _____

Date of birth: _____

Telephone private: _____

Occupation: _____

Telephone number of your place of work: _____

Insured: (if not as above)

Name: First/Last Name / adress _____

Date of birth: _____

Telephone private: / E-Mail: _____

How did you hear about our practice?

Should you have become aware of us through a recommendation, we are of course particularly pleased. Please let us know who recommended our practice so that we can thank you for this vote of confidence.

For members of a private health insurance company:

Name of the insurance company:

I have a special tariff /basic tariff or standard tariff Please make us aware of this (e.g. students, pensioners, bes. restrictions). If yes, in what form?

Questionnaire about existing diseases:

Do you have or have you had any of the following diseases?

Allergies (if yes, which ones?) yes no

Blood clotting disorders yes no

Diabetes yes no

Circulatory disorders / blood clotting disorders yes no

Heart disease (if yes, which?) yes no

Infectious diseases (e.g., tuberculosis, AIDS, hepatitis) (if yes, which ones) yes no

Liver or kidney disease yes no

Stomach or intestinal disorders yes no

Thyroid Diseases yes no

Other diseases (if yes, which?)

yes no

Are you currently taking any medications? (if yes, which ones?)

yes no

Have X-rays been taken recently? In case of teeth where can we request them?

Please note the dentist

yes no

Is there currently a pregnancy?

yes no

(if yes, please indicate expected date of birth)

To keep my teeth healthy in the long term, I would like to be regularly reminded of the necessary preventive checkup (recall). We will call or write to you at an agreed time to arrange a check-up or prophylaxis appointment. For this we need your e-mail address. Please make a note here.

yes no

Please note:

After using narcotics, your reaction time on the road may be limited. Please keep this in mind during your appointments. Patients with health insurance are not "second-class customers" with us! We are committed to the optimal, lifelong and intensive dental care and tooth preservation of each of our patients. However, unfortunately, many of our treatment methods, because they are performed above the level defined as "sufficient" by the statutory health insurance companies, are not or only partially paid for by the health insurance companies. However, in our practice we have only one quality-oriented way of working for all patients! As a rule, you will have to pay for it personally if you wish to do so after appropriate consultation and explanation.

We will inform you before the start of treatment about the scope of this best service, which gives you the possibility of dental treatment at the highest level even as a "health insurance patient". In order to save you long waiting times as far as possible, our practice is run according to an ordering system. This means that we keep the time agreed with you free for your treatment. **Therefore, we kindly ask you to keep your appointments on time, or to cancel them at least 24 hours in advance. If you are unable to do so, we reserve the right to charge you a cancellation fee (§296 BGB).**

I have read and understood the contents of this form. I have answered the questions about my health to the best of my knowledge. I will inform you immediately of any changes in my state of health.

PLACE / DATE:

SUBSCRIPTION: