

MEDICAL HISTORY FORM

Dear patient!

We are very happy to be able to welcome you to the practice. To make your visit as easy as possible, we need your help. Please fill out this questionnaire diligently so that we can address your wishes as much as possible. Even general illnesses can have consequences for dental treatment. All details are of course subject to doctor-patient confidentiality.

Your dentists, Philipp Grüner & David Kirchhoff

Personal information

Surname, first name	Date of birth	Place of birth
Street	Postcode, city	
Landline telephone	Work telephone	Mobile telephone
Email	Occupation, employer	

Insurance

Health insurer

Insured with statutory insurance
 Privately insured
 Additional insurance

Base rate
 Eligible for aid

If the patient and the insurance provider member are not the same or are not yet 18 years old, please expand on the insurance recipient's data:

Surname, first name	Date of birth
Street	Postcode, city

General health situation

		Yes	No
	Yes	No	
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Blood clotting disorder <input type="checkbox"/> <input type="checkbox"/>
Low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Stroke <input type="checkbox"/> <input type="checkbox"/>
			Diabetes <input type="checkbox"/> <input type="checkbox"/>

Yes No
Thyroid disorder

Heart diseases

If yes, which_

Rheumatism

Do you smoke?

Allergies

if yes, which:_

Glaucoma

Other illnesses:_

Infectious diseases:

Yes No

HIV

Hepatitis

Tuberculosis

Other:_

Do you take medications?

if yes, which: _

Heart medications:

Cortisone: _

Painkillers: _

Blood-thinning medications:

(e.g. ASS, Marcumar, Heparin):

Other:

For our patients:

Are you pregnant?

if yes, which week: _

Oral health

Do you have a specific concern, which you are bringing to the practice?

Preventive care

New dental prostheses

Consultation

Dentist transfer

Pain treatment

Second opinion

Yes No
Do you have gum problems? Do your gums bleed when you brush your teeth? Do you have receding gums?

May we remind you of your check-up with the dentist every year?

Do you have further questions or a specific concern?

We offer you a purely appointment-based service. This means that at your appointment, the time is reserved just for you. We therefore ask that you cancel appointments well in advance, at least 24 hours. This gives us the chance to offer appointments to other patients. This way long waiting times can be largely avoided.

Please confirm that your health details are correct by signing.

Place, date

signature