Medical history

Welcome to our practice!
Before we talk about your wishes and needs relating to your teeth, we would like to ask you to provide some personal data as well as information about your general state of health. This is important to ensure adequate and risk-free treatment. Any information provided is of course subject to the medical confidentiality obligation.

Your practice team

Personal information

Patient

Surname _____ First name _____

Date of birth _____

Main insurant

Surname _____ First name _____

Date of birth _____

Street/no. _____ Post code/city _____

Phone no. _____ Mobile phone _____

E-mail _____

Health insurance _____

Profession _____ Employer _____

For public health patients

Please note that you need to present your health-insurance card anytime you visit our practice. If you fail to do so within 14 days after treatment, we will consider you a private patient and you will receive an invoice according to GOZ («Gebührenordnung für Zahnarzte» - dental fee schedule).

We always try to save you a long wait. **Hence we kindly ask you to cancel appointments at least 24 hours prior if you are unable to come. We reserve the right to invoice appointments you have not kept according to GOZ, also if you are a public health patient.** Please be aware that patients in pain have to be integrated into our daily schedule, which might sometimes result in delays.

Date _____ Signature _____

Praxis Dr. Kraft M.Sc.
& Kollegen – Zahnärzte –

Medical history

Medical treatment:	Are you currently being treated for a medical condition? If yes, what condition?	○ yes ○ no
General practitioner/ medical specialist:	Name, address and phone number of your general practitioner/medical specialist:	
Medicine:	Please list current regular medication:	
Allergies:	Is there a possible hypersensitivity to any materials or medications? If so, which ones? Do you have an allergy data card?	 ○ yes ○ no
Cardiac diseases:	Cardiac insufficiency? Irregular heartbeat (arrhythmia)? Angina pectoris? Cardiac pacemaker, cardiac valve replacement? Other?	○ yes ○ no ○ yes ○ no ○ yes ○ no ○ yes ○ no
Cardio-vascular diseases:	High blood pressure (hypertension)? Low blood pressure (hypotension)? Have you had a heart attack? Do you take anticoagulants? Other?	○ yes ○ no ○ yes ○ no ○ yes ○ no ○ yes ○ no
Vegetative diseases:	Fainting fits? Do you take stimulants or sedatives? Other?	○ yes ○ no ○ yes ○ no
Metabolic diseases:	Diabetes? Gastro-intestinal issues? Thyroid issues? Other?	○ yes ○ no ○ yes ○ no ○ yes ○ no
Diseases of the nervous system:	Epileptic fits? Convulsions? Other?	○ yes ○ no ○ yes ○ no
Diseases of the blood:	Excessive bleeding (haemophilia)? Anemia? Other?	○ yes ○ no ○ yes ○ no
Contagious diseases:	Inflammation of the liver/jaundice (hepatitis)? Tuberculosis? Chronic respiratory issues, coughing etc.? Have you been tested for HIV? If yes, with what result? Other?	○ yes ○ no ○ yes ○ no ○ yes ○ no ○ yes ○ no
Other:	Do you have a joint replacement?	○ yes ○ no
X-ray:	Have you had an X-ray of the head/jaw/dental area in the last 12 months? If yes, where?	○ yes ○ no
Pregnancy:	If yes, how many months pregnant are you?	

Thank you for your assistance. If any of the information provided above changes, please let us know immediately.

Date _____ Signature _____

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& Kollegen – Zahnärzte –

Service questionnaire

Dear patient,
We are continuously working on making your stay at our practice as pleasant as possible. For this purpose, we would like to get to know you better and understand what matters to you. This is what the following questions are for.
We are grateful for your help!

Patient

Surname _____ First name _____

Where did you find out about us?

○ Google ○ homepage of our practice ○ review site: which one? _____

○ personal recommendation: by whom? _____

○ other: _____

May we remind you of your regular check-ups?

○ yes ○ no

Do you wish to receive information about our practice (news, special offers or a newsletter) by email?

○ yes ○ no

How happy are you with your teeth in general?

○ very happy ○ happy ○ unhappy ○ not sure

How happy are you with the colour of your teeth?

○ very happy ○ happy ○ unhappy ○ not sure

How happy are you with the position of your teeth?

○ very happy ○ happy ○ unhappy ○ not sure

What topics do you wish us to advise you on?

○ bleaching ○ tooth correction ○ veneers ○ implants

Date _____ Signature _____

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