Application | from Medical history

Dear Patient,

Thank you for choosing our practice for dental treatment. It is managed using an ordering system. For you, this brings the advantage of reduced waiting times. However, medically necessary and not foreseeable treatment measures may lead to appointments not being exactly complied with in every case. We ask for your understanding. If you are not able to keep an appointment agreed with us, we kindly ask you to cancel it at the earliest possible time, that means, at least 24 hours in advance. If you come to our practice by reason of unforeseeable emergencies (e. g. acute pain), you will most likely have to wait for some time.

If you are insured under the statutory health insurance, it is absolutely necessary that you present your health insurance card to us no later than 10 days after treatment has been started, as otherwise the costs incurred by the treatment will have to be charged to your private account. If you are insured under the statutory health insurance, you can choose between a treatment under the statutory health insurance, using the health insurance card, and the treatment on private basis in accordance with Sec. 13 SGB V (reimbursement of costs).

Patient
Mr/Ms/Child

Surname | First name | Date of birth

Address

Street/No. | E-Mail* | Place of birth*

Postcode, town/city | Telephone or mobile

Insured person /
Person liable to pay
(parent(s) for their children)

Surname | First name | Date of birth

Address

Street/No. | E-Mail*

Postcode, town/city | Telephone or mobile

Name of payment body
(health insurance fund or insurance company)

- ☐ I am compulsorily insured
- ☐ I am voluntarily insured
- ☐ I am eligible for financial aid
- ☐ I have a supplementary private insurance
- ☐ I am privately insured
- ☐ I am insured according to the standard rate
- ☐ I am insured according to the base rate
- ☐ I have chosen the reimbursement of costs in accordance with Sec. 13 SGB V
- ☐ I am not insured
- ☐ I am eligible for additional allowance (Sozialamt (Social Services Department], Versorgungsamt [Pension Office])

Profession of the insured person*

Employer

☐ Pupil/Student

Address of the employer*

Street/No. | Postcode, town/city | Phone

Profession of the patient

Employer

☐ Pupil/Student

Address of the employer*

Street/No. | Postcode, town/city | Phone

* optional details

Please note reverse side.

To complete your medical record, we need the following information, which are subject to the duty of medical confidentiality and to data protection, and which are treated by us as strictly confidential. Please keep our practice informed of any changes in your state of health, your address, and your insurance status in the future.

Please tick as appropriate for each question.

1. Do/did you have one of the following diseases?

a)

	yes	no		yes	no		yes	no
Asthma (severe shortness of breath)			Blood disorders			Thyroid diseases		
Diabetes			Blood coagulation disorders			Renal impairment		
Rheumatism			MRSA hospital germ			Creutzfeldt-Jakob		
Osteoporosis			Liver diseases			Tumor/carcinoma/cancer		
Tuberculosis			Hepatitis A/B/C (icterus)			Do/did you take any bisphosphonates in this connection		
HIV infection			Seizure disorders (epilepsy)					

Your general practitioner:

Name	Address	Phone

b) Do you have any existing allergies? yes no If yes, which one(s)?
Do you have an allergy passport? yes no

c) Heart attack yes no
Do you take Marcumar? yes no
Stroke yes no
Do you take any blood thinners? yes no If yes, which one(s)?

d) Blood pressure low / normal / high Values, if available

2. Do you have a cardiac pacemaker? yes no

3. Do you regularly take medicine? yes no If yes, which one(s)?

4. Do you smoke? yes no

5. Do you snore? yes no

6. Do you have any addictions? yes no If yes, which one(s)?

7. Are you pregnant? yes no uncertain If applicable, which week?

8. Do/did you have any injuries resulting from an accident in the area of mouth, jaw or face? yes no Date of accident / Type of injury

9. Other information/other diseases

10. Does a care dependency within the meaning of Sec. 15 SGB V (German Social Security Code, Book V) exist? yes no If yes, to which degree?

12. Do you attach special importance to a treatment under local anaesthesia? yes no

Please note that the fitness to drive can be impaired for several hours under the influence of drugs or injections for local anaesthesia.

12. Do you have an X-ray log? yes no
Do you wish to have an X-ray log? yes no
When did the last X-ray examination / computer tomography take place? (date/part of the body)

13. Do you have a "Bonusheft" (bonus book)? yes no
When did your last professional tooth cleaning take place?

How/through whom did you first become aware of our dental practice:*

With my signature I confirm the completeness and correctness of the above information.

Date

Signature of patient or parent