Patient Registration and Health Questionnaire ZAHNLOUNGE

Name, First name

Address

Phone number

Private Mobile Work

E-mail

Date of birth

Dentist Doctor

Legal representation

Recommended by Profession

Date Signature

How did you find out about us? ○ Advertising ○ Internet ○ Other

Please tick Yes or No as appropriate	Yes	No
1. Have you been admitted to hospital in the last 3 months or received outpatient treatment? If yes, why?	○	○
2. Have you been taking medicine regularly in recent weeks? If yes, which?	○	○
3. Do you take anticoagulants (blood thinners) or are you prone to bleeding?	○	○
4. Do you suffer from congenital or acquired heart disease?	○	○
5. Is your blood pressure high?	○	○
6. Have you ever suffered an unusual reaction (allergy, etc.) to injections, medicines or dental materials?		
7. Have you had or do you have any of the following illnesses?		
• Asthma or hay fever	○	○
• Diabetes mellitus	○	○
• Epileptic seizures	○	○
• Frequent headaches	○	○
• Do you have an artificial hip, knee or shoulder joint?	○	○
• Do you take bisphosphonates for osteoporosis?	○	○
• Gastric or intestinal ulcers	○	○
• Rheumatism	○	○
• Have you had an operation or radiation therapy in your face or jaw area?	○	○
8. Have you had or do you have jaundice (hepatitis) or another serious infectious disease (HIV, tuberculosis)?	○	○
9. Have you had or do you have any other serious illness? If yes, which?^	○	○
10. Are you pregnant?	○	○
11. Do you smoke? If yes, how many a day?	○	○

The patient hereby releases the attending physician from medical secrecy for the enforcement of their claim for fees. The patient is also aware of and agrees to the fact that in exceptional cases IT staff may have access to their personal data when performing maintenance tasks. IT staff are also subject to the relevant secrecy provisions.