

Welcome to our practice

Dear patients and parents,

we are glad to welcome you in our practice. In order to prepare for your treatment in the best possible way, we would like to ask you to complete the questionnaire on the back and read the enlightenment carefully. All information is subject to medical confidentiality, as well as the regulations of the data protection and are therefore treated absolutely confidential.

Attention: according to the EU data protection regulation we are obliged to inform you about the nature and extent of the processing of your personal data in our practice. We provide this information for you in our waiting room.

I agree to the storage of my personal data and transfer to third parties if necessary. I agree that the data treated confidentially will be saved electronically. I undertake to inform you immediately of any changes of my health status that may occur during the treatment period and to show up to agreed appointments.

Please note: We are a practice with fix appointments. Appointments that you cannot perceive must be canceled at least 24 hours in advance, because otherwise the costs according to §615 can be invoiced private. This does not apply to guiltless remained cancellation.

I confirm with my signature that I have read and understood the provided information.

Date _____ Signature _____



If you have any questions, we are happy to help you!

Please fill out back page

Cave:

Grund des Zahnarztbesuches:

Last name, first name (patient)	Date of birth, male <input type="checkbox"/>	female <input type="checkbox"/>
Last name, first name (insured)	Date of birth, male <input type="checkbox"/>	female <input type="checkbox"/>
Address	Post code, city	
Phone (private / mobile)	Phone (business)	
E-Mail		

Name of your health insurance public insurance private insurance
Do you have a dental supplementary insurance: Yes No

How did you hear about us?

- Internet
- Family / Friends
- Doctor's referral

Please answer the following questions about your state of health as accurately as possible!

	Yes	No
Heart/Cardiovascular diseases (Pacemaker, cardiac defect)	<input type="checkbox"/>	<input type="checkbox"/>
Blood diseases	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Infectious disease (e.g. Tbc, Hepatitis, HIV, MRSA)	<input type="checkbox"/>	<input type="checkbox"/>
Creutzfeldt-Jakob diseases (CJD, vCJD)	<input type="checkbox"/>	<input type="checkbox"/>
Kidney diseases	<input type="checkbox"/>	<input type="checkbox"/>
Liver diseases	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid diseases	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Pulmonary diseases	<input type="checkbox"/>	<input type="checkbox"/>
Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Fructose- lactose intolerant	<input type="checkbox"/>	<input type="checkbox"/>
Other diseases (e.g. glaucoma)	<input type="checkbox"/>	<input type="checkbox"/>
If yes, which?	_____	

Questions about your general health

	Yes	No
Do you have any bleeding tendency (Marcumar, Aspirin)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have allergies?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, which?	_____	
Are you regularly or currently taking any medication	<input type="checkbox"/>	<input type="checkbox"/>
If yes, which?	_____	
Do you have a medication list? (please submit)	<input type="checkbox"/>	<input type="checkbox"/>

I agree to get a reminder for regularly check-up appointments **Yes** **No**

I commit to inform you about any changes of my health status

Date _____ Signature _____