ANAMNESIS DOCUMENT

IMPLANTOLOGY | PARODONTOLOGY | ORAL SURGERY | ENDODONTOLOGY | PEDIATRIC DENTISTRY

DIE ZAHNÄRZTE

Dear Patient!

Before we can unhurriedly talk about your dental request, we need some advices about your state of health, beside your personal data, because also generalized diseases could effect the dental surgery. Therefore we would ask you to fill out this data entry form. It will be attached to your personal documents. As a matter of course all the given information are bound to medical confidentially.

Personal data

Name / First Name _____

Date of birth _____ Place of birth _____

Street / House Number _____ Post Code / Place _____

Telephone _____ mobile _____

E-Mail _____ Occupation _____

Telephone Employer _____

Health insurance / private health insurance _____

Compulsory insurance ❍ yes ❍ no private health insurance ❍ yes ❍ no base rate ❍ yes ❍ no

Additional insurance ❍ yes ❍ no eligible of benefit ❍ yes ❍ no

If you are not a member of health insurance, who is insurant?

Name / First Name _____ Date of birth _____

Street/ House Number _____ Post Code / Place _____

Who is your family doctor?

Name _____ Place _____

Telephone _____

References to the organization

If you are not able to realize an appointment we would like to ask you to tell us 24 hours earlier. Otherwise, we possibly have to charge the time of nonuse.
We want to point out, that the invoice writing over the private accounting office Reiss in 78244 Singen, since 1.1.2002. As a matter of course, there won't be any disadvantages for you.

For Private Patient

The performed services for you will be accounted accordingly to the "Gebührenordnung für Zahnärzte" (GOZ) an the "Gebührenordnung für Ärzte" (GOÄ).
The dentist will decide by means of extent and difficulty of the medical treatments, in which amount between the basic charge rate and the 3.5 times charge rate will be discounted. Departures hereof require the previous written agreement.

References to the roadworthiness after dental treatments

Please observe, that the roadworthiness might be affected up to 24 hours after a dental treatment. This could be affected by the treatment itself, but also by the injection or other medicaments. On demand we would like to call you a Taxi or carry you home.

In personal belonging

How did you take notice of our praxis?

❍ Recommendation of your personal dentist ❍ Recommendation of friends ❍ Telephone book ❍ advertisement

❍ Transfer of _____

❍ Internet, by the website _____ ❍ Other _____

If we were recommended, did you previously take a look on our internet presence? ❍ yes ❍ no

Would you like to receive our monthly Newsletter? ❍ yes ❍ no

Shall we put you in mind of your next check-up? If yes, by ❍ E-Mail ❍ SMS ❍ Post ❍ telephone

Would you like to be informed about better medical treatments although there are not adopted by the health insurance? ❍ yes ❍ no

- turn it over -

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DIE ZAHNÄRZTE

Why did you call on us?

- ❍ routine check
- ❍ pain therapy
- ❍ other reasons
- ❍ new artificial dentition
- ❍ second opinion

Would you have an

- ❍ advice on implants?
- ❍ advice on professional cleaning and oral hygiene?
- ❍ advice on dental aesthetics?
- ❍ advice on correcting the position of your teeth with invisible aligners?

How satisfied are you with the position of your teeth?

not at all ❍ ❍ ❍ ❍ ❍ ❍ ❍ ❍ ❍ ❍ completely
1 2 3 4 5 6 7 8 9 10

Do you feel pain at the moment? ❍ yes ❍ no

- ❍ continuous pain
- ❍ teeth react on sweet / sour
- ❍ teeth react sensitive on temperature
- ❍ teeth hurt while chewing
- ❍ teeth hurt although there is no burden
- ❍ pain or inflammation of the gingiva
- ❍ pain of the jaw or the temporomandibular joint

Did you ever suffer from diseases of the ...

Cardiovascular diseases	❍ yes	❍ no
hepatic	❍ yes	❍ no
kidney	❍ yes	❍ no
thyroid	❍ yes	❍ no
gastro-intestinal system	❍ yes	❍ no
joints (rheumatism)	❍ yes	❍ no
backbone	❍ yes	❍ no

Did you ever have ...

neck pain	❍ yes	❍ no
hypertensive	❍ yes	❍ no
hypotensive	❍ yes	❍ no
migraine	❍ yes	❍ no
Falling sickness (Epilepsy)	❍ yes	❍ no
tumor diseases	❍ yes	❍ no
If yes, which one? _____		
asthma	❍ yes	❍ no
diabetes	❍ yes	❍ no
osteoporosis	❍ yes	❍ no
gum bleeding	❍ yes	❍ no
gingival recession	❍ yes	❍ no
loosened teeth	❍ yes	❍ no
tinnitus	❍ yes	❍ no
glaucoma	❍ yes	❍ no
tuberculosis	❍ yes	❍ no
HIV / AIDS	❍ yes	❍ no
hepatitis	❍ yes	❍ no
If yes, which type? ❍ A ❍ B ❍ C		
allergies	❍ yes	❍ no
If yes, which one? _____		
Do you have an Allergy ID?	❍ yes	❍ no

Other diseases:

_____

_____

Cardio: Did you ever have an ...

- ❍ inflammation of the cardical valve
- ❍ pacemaker
- ❍ Angina Pectoris
- ❍ heart attack

Medicaments: Did you take ...

- ❍ heart medication
- ❍ pain medication
- ❍ blood thinner (Marcumar®, ASS)?
- ❍ other medicaments:
- ❍ cortisone
- ❍ antidepressants
- ❍ bisphosphonates

_____

_____

Are there any incompatibleness against medicaments or injections? If yes, against what? ❍ yes ❍ no

_____

_____

For our feminine patients

Are you pregnant? ❍ yes ❍ no
If yes, in which week? _____

At last

Did you ever fall over at the dentist?	❍ yes	❍ no
Do you tend to bleedings?	❍ yes	❍ no
Do you grind your teeth?	❍ yes	❍ no
Are you under psychological pressure?	❍ yes	❍ no
Do you smoke?	❍ yes	❍ no
Have you been in hospital during the Last 2 years?	❍ yes	❍ no
Are you at medical attendance?	❍ yes	❍ no
Have you ever had a physiotherapy or orthopedic treatment?	❍ yes	❍ no

If so, when was the treatment? _____

When were the last X-Rays taken of your teeth?

_____

Questions / Comments:

_____

_____

Please tell us if your health status changes.

_____

Date / Signature

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