

## Hello and welcome to our office!

Before we may begin, we need to know a few things about your general health. This ensures a safe and reasonable treatment. Please take your time to carefully read and truthfully fill in this document. All the data we collect is subject to medical confidentiality and will not be shared with anyone else. Should something change about your situation, please tell us right away. If you have a question about this form or something is unclear, don't hesitate to ask our staff. Thank you!

Name	Surname	Date of birth (YYYY/MM/DD)
Address		ZIP Code/Area
Employer	Phone (business)	Phone (private)
Insurer	Insured name, surname (e.g. parents)	Insured birthdate
Insured address		e-Mail

## Important information

### Appointments and scheduling

If necessary, we will reserve several appointments at once. This ensures we will have plenty of time for you, and will save you from long waiting periods. However, ensuring high quality work requires us to not work under pressure. Please understand that if you don't cancel your appointment at least 24 hours early, we will have to charge you for the missed appointment, according to the "Gebührenordnung für Zahnärzte/Ärzte". (GOÄ 9)

### Amalgam fillings

Our dental office does not use amalgam. We exclusively use composite materials, with no addl. charge for you. However, if you wish, we can inform you about newer and better services, especially about fillings and preventive measures. You can, of course, change your decision at any time.

- Yes, I'd like to know more.       No, thank you.

### Recall

We offer to remind you of your next appointments, especially for preventive and periodontal treatments. If you are interested, don't hesitate to ask our staff.

### International insurance

It is not unlikely that your insurance, should it not be located in Germany, will not cover any treatments done abroad. Sadly, this usually means you'll have to pay up-front to avoid any confusion later on. We usually don't get any information about insurances overseas, so please ask your insurer directly about international coverage, or possible subsidies on medical bills.

**Please turn over**

**Ongoing treatments**

Are you currently in treatment?

yes  no

If so, what for?

---

**Family physician**

Name, address, contact...

---



---

**Medication**

Do you have to take drugs on a regular basis?

If so, which ones, and what dosage?

---



---

**Bisphosphonates**

Do you take any bisphosphonates?

yes  no

If so, what kind? (i.v., pills...)

---

**Allergies**

Do you own an allergy pass?

yes  no

Are you allergic to or are there suspicions of an allergy for any substances? Which ones?

---



---

**Heart diseases**

Please tick the boxes accordingly.

Heart weakness/failure  yes  no

Irregular pulse  yes  no

Cardiac asthma  yes  no

Pacemaker/Implant  yes  no

Heart valve replacement  yes  no

Other

---

**Circulatory diseases**

Please tick the boxes accordingly.

High blood pressure  yes  no

Low blood pressure  yes  no

Previous heart attack  yes  no

Do you take anticoagulants?  yes  no

**Vegetative disorders**

Do you take stimulants?  yes  no

Do you take calmatives?  yes  no

Other

---

**Blood diseases**

Please tick the boxes accordingly.

Prone to bleeding? (hemophilia)  yes  no

Anemia?  yes  no

Other

---

**Infectious disorders**

Please tick the boxes accordingly.

Jaundice (Hepatitis)  yes  no

Tuberculosis ("Morbus Koch")  yes  no

Respiratory diseases  yes  no

Creutzfeldt Jakob disease  yes  no

HIV / AIDS  yes  no

MRSA (resistant bacteria)  yes  no

Other

---

**Other**

Do you smoke?  yes  no

Are you addicted to drugs?  yes  no

Have you ever been addicted to alcohol?  
 yes  no

**Thank you for your assistance!**

**Should something change about your health or possible medication, please let us know immediately.**

---

Signature dentist

Date

Signature patient