## Medical history form

#### Welcome!

#### Dear patient,

Before we can discuss your dental care wishes, we need some information about your general state of health in addition to your personal details. That's because even general illnesses can affect dental treatment. As a result, we ask that you fill out this questionnaire. It will be added to your personal data. All information is, of course, subject to doctor-patient confidentiality in our practice. **Information marked with (\*) is not mandatory.** 

PERSONAL	
Surname / forename	Date of birth
Street / House no.	Post code / City
Tel. (private)	Tel. (mobile)*
Email*	Occupation*
Health insurance company	Level of care

Are you privately insured? Oyes Ono Base rate? Oyes Ono Additional insurance? Oyes Ono If you are not the health insurance policy holder, who is the insured person?

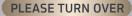
Surname / forename	Date of birth	
Are you eligible to receive benefits? Oyes Ono		
Who is your GP?		
Surname / forename	City	
Tel.		
About us*		
How did you hear about us?		
○ Recommended by a friend ○ Phone book / busi	ness directory O Online via	
○ Referred by	Other	
If we were recommended to you, did you look at our	website beforehand?	⊖yes ⊖no
Would you like to receive a reminder from us abou	t your semi-annual check-up?	⊖yes ⊖no
If yes, how? O by phone O by mail O by email	○ by SMS	

Dr. U. Schladebach MSc. Dr. J. Kersken Dr. J.-K. Hüttemann MSc. Dr. C. Nolte ZA Alan Florek Mersinweg 26 33100 Paderborn T. 05251 644 00 F. 05251 660 60 info@zm-z.de



Information about the organisation

Premium quality is only possible without time pressure. We therefore ask that you cancel any appointment you cannot make at least 48 hours in advance so that we can give it to another patient. In the event of repeated appointment cancellations at short notice, we reserve the right to charge you for the length of time your appointment should have been.



#### Why are you visiting us? Do you want a...

- routine check-up new denture
- consultation "second opinion"
- pain treatment other reason:

#### Do you have acute pain?

#### If yes, how does it manifest?

- persistent pain
- O teeth react to sweet / sour
- O some teeth are temperature-sensitive
- O teeth hurt when under strain / chewing
- O teeth hurt even without strain
- gum pain or inflammation
- jaw pain / temporomandibular joint pain

#### Do you suffer / have you suffered from...

heart/circulatory disease	⊖yes ⊖no
liver disease	⊖yes ⊖no
kidney disease	⊙yes ⊙no
thyroid disease	⊙yes ⊙no
lung disease (asthma, COPD, etc.)	⊙yes ⊙no
gastrointestinal tract disease	⊙yes ⊙no
joint disease (rheumatism)	⊙yes ⊙no
tinnitus	⊖yes ⊖no
spinal disease	⊙yes ⊙no
Do you have or have you had	
high or low blood pressure	⊖yes ⊖no
If yes, which values?	
diabetes	⊙yes ⊙no
osteoporosis	⊙yes ⊙no
bleeding gums	⊖yes ⊙no
epilepsy	⊖yes ⊖no
glaucoma or cataracts	⊙yes ⊙no
tuberculosis	⊖yes ⊙no
HIV (Aids)	⊙yes ⊙no
bleeding disorders	⊖yes ⊖no
hepatitis	⊖yes ⊙no
If yes, which type?	
allergies	⊖yes ⊖no
If yes, to what?	
Artificial joints?	⊙yes ⊙no
Other infections / diseases:	

### About your heart - do you have or have you had..

- heart valve inflammation angina pectoris
- a pacemaker
- If yes, when?

○ yes ○ no

○ a heart attack, and if so when?

#### Medication - are you taking...

- heart medication cortisone (corticosteroids)
- O painkillers O antidepressants
- Oblood-thinning medication, e.g. Marcumar, ASS?
- injections / infusions / bisphosphonates
- O other medication/medication regime if applicable

# Have you ever had intolerances to medication or injections?

⊖yes ⊖no

If so, to what?

#### For our female patients

Are you pregnant? O yes O no O unsure

If yes, which week are you in?

To protect the mother, we ask that you let us know immediately if you become pregnant during the treatment period!

#### Finally

Do you grate your teeth?	O yes	O no
FDo you feel under psychological strain?	O yes	O no
Do you smoke?	O yes	O no
Do you have a metallic taste?	O yes	O no
Have you noticed noises in your tempo	oroman	dibular
joint (e.g. when yawning or chewing)?	o yes	O no
Do you suffer from		
bad breath?	O yes	O no
receding gums?	O yes	O no
headaches or neck pain?	O yes	O no

Are you happy with the colour and shape of your teeth (in other words - your smile)? O yes O no

**Questions / comments**