

ANAMNESIS

Patient

Name, First name

Date of birth

Street, No.

ZIP code, City

Telephone private or mobile

E-mail

Occupation

Health insurance

Member / Invoice address

Name, First name

Date of birth

Street, No.

ZIP code, City

Please answer the following Questions

What is the purpose of your visit?

- Routine checkup New prosthesis
 Removing Amalgam fillings
 Consultation
 Pain treatment
 other _____

YES NO Do you suffer on acute pain?

- Permanent pain
 Sweet / sour reaction
 Sensitivity of temperature
 Pain while chewing under stress / without stress
 Gum bleeding
 Pain of jaw or jaw joint

Do you have troubles on cardiovascular disturbances?

- high / low blood pressure (please delete where inapplicable)
 Valvular heart defect
 Valvular transplant
 Pacemaker
 Endocarditis
 Heart surgery
 Angina Pectoris

Do you have infective diseases?

- HIV positive
 Hepatitis: A B C (please delete where inapplicable)
 Tuberculosis

Allergy or intolerance

- Anaesthesia / injection
 Pain reliever
 Medicine: _____
 Metals: _____
 other: _____

YES NO Further diseases

- Epilepsy
 Asthma / lung disease
 coagulation disorder: _____
 Diabetes
 Glaucoma
 Thyroid dysfunction
 Liver
 Kidney
 Gastrointestinal tract
 Rheumatism
 Tinnitus
 Spine
 other diseases: _____

What kind of medicine do you use?

- Blood thinning Medicine (Marcumar, ASS)
 Bisphosphonates (influence on bone metabolism)
 Pain reliever
 Antidepressants
 Medicin against heart pain
 Cortison
 other: _____

Are you pregnant?

- If yes, which month _____

Are some dental radiographies taken recently?

- If yes, when? _____

Additional information

- grinding of teeth
 psychological strain
 smoking

YES NO How did you find us?

- Recommendation
 Yellow Pages
 via Internet: _____
 other: _____

YES NO Should we remind you for the semiannual preventive medical checkup?

- Via telephone
 Via e-mail

I agree to immediately report any and all changes arising during the entire treatment period. I further agree to keep all scheduled treatment appointments or to cancel them at least 24 hours prior to the scheduled appointment. I understand that appointments not cancelled in time will be billed.

Date

Signature