

## Patient Questionnaire

We are happy to provide you with dental care according to your needs. Once you have filled out this form, you may print it out and bring it with you for your appointment, or send it to us via email. At the bottom of the form, you'll find buttons for either printing or emailing.

### Patient

First name	Street / number
Last name	Postal code, Town
Title	Phone
Date of birth	Email

### Primary Insured's Name

(if not patient him-/herself)

First name	Street / number
Last name	Postal code, Town
Date of birth	Phone

### Insurance Plan

<input type="checkbox"/> Statutory	<input type="checkbox"/> Provider	<input type="checkbox"/> Private supplementary insurance
<input type="checkbox"/> Private		

### General

Recommended by / referred by

Reason for your visit

### Treatment Methods

Statutory patients: Do you want your treatment to be limited to methods covered by your insurance plan, which are required by law to be sufficient, appropriate and economical?

☐ Yes ☐ No

Do you wish to be advised on other treatment options that may be more comfortable, biocompatible and durable, and/or aesthetically superior, e.g. gold/ceramic fillings, implants (artificial tooth roots), modern periodontitis treatment, durable prostheses, nutrition and dental hygiene counseling etc.?

☐ Yes ☐ No

Are the aesthetics of your teeth important to you? We may advise you on tooth color, stain removal, discolored fillings, black crown rims, discolored gums, correction of tooth position.

☐ Yes ☐ No

continued  
on next page...



## General Health Questions

(please fill out completely for your own safety)

Heart disease

Yes

No

Heart defect, valve replacement, infarction, pacemaker, Angina pectoris, surgery, myocarditis

Other, e.g. accident, tumor

Yes

No

Please specify

Blood and cardiovascular disease

Yes

No

Coagulation disorder, haematoma, secondary haemorrhage, blood pressure anomalies, stroke

Do you currently or regularly take medication?

Yes

No

Why? Which? For how long?

Metabolic disorders

Yes

No

High blood sugar (diabetes), hyper- or hypothyroidism, rheumatic disease, lung (asthma), liver, kidney, ...

Are you aware of allergies or sensitivities towards local anaesthetics (injection), antibiotics, pain relievers, metals, household chemicals etc.?

Yes

No

Seizure disorder, nervous disease

Yes

No

Epilepsy, Parkinson, depression, sleep disorder, migraine

Please specify. Do you have an allergy passport?

Infectious diseases

Yes

No

Herpes, hepatitis, tuberculosis, HIV

Female patients of childbearing age:  
Are you currently pregnant?

Yes

No

Have there been complications during dental treatment?

Yes

No

Please specify

Diseases of the muscoskeletal system

Yes

No

Arthritis, rheumatic disease, M. Bechterev, cervical or lumbar spine problems

Are you prone to fainting?

Yes

No

## Dental Health Questions

Do you smoke?

Yes

No

Do you experience gum bleeding?

Yes

No

Are your gums receding?

Yes

No

Do you have problems with noises in the jaw joints?

Yes

No

Do you grind or press your teeth?

Yes

No

## Statement

Your time and health are important to us. For this reason, we manage our office on an appointmentonly basis. Your dental treatment follows a precise time schedule, and your treatment time is reserved only for **you**. Should you be unable to keep an appointment, please notify us at least **24 hours in advance**. Please understand that otherwise we may have to bill you for missed appointment time.

**Important: I have been informed and am aware that my ability to drive a vehicle or otherwise take part in traffic will be affected for at least three hours after administration of local or block anaesthesia (injection).**

For patients using our recall service, we offer half-yearly or yearly mail reminders to schedule a check-up or oral hygiene appointment.

### I wish to participate in the recall service

I undertake to immediately notify the MeinZahn staff of all health changes that occur during the entire time of treatment.

You may now print out the form and give it to us personally, or you may send it via email. In any case, we will treat your data confidentially.

... or simply  
email ...