Zahnarztpraxis am Borgweg

Welcome to our surgery!

Prior to your treatment we need some information about your general health in addition to your personal details. We ask you to read and answer the following questions carefully.

All information are subject to medical confidentiality and are treated with absolute discretion.

In our surgery appointments are handled with an electronic ordering system, which allows a short wait. Due to unexpected treatments measures, the schedule could be affected. Therefore, we hope for your understanding and patience in the case of delay.

Please inform us at an early stage, latest 24 h prior to the appointment, if you cannot keep it. Otherwise we might charge you for this circumstance, since we get arising costs of waiting and idle times (§ 304, 611, 615 BGB).

Patient
Mr./ Ms./ Child _____
Last name First name Date of birth

Address _____
Street/Nr. Postal code City

_____
Phone number Email

Health insurance member _____
Last name First name Date of birth

Address _____
Street/Nr. Postal code City

_____
Phone number

How did you find us?

_____ _____ _____
Recommendation of Internet else

Health Insurance Company
or private insurance: _____

☐ I am compulsorily insured
☐ I am insured privately
☐ I wish to submit the invoice for reimbursement (§13 Abs.2 SGB V)

Members profession _____

Hamburg, _____

Patients or parents signature

Medical history

Do you have afflictions in one of the following areas?

O single tooth
O the right side
O the left side
O the upper jaw
O the lower jaw
O the maxillary sinus
O the gum (gingiva)
O the tongue
O the mouth or throat
O the jaw joints
O the chewing muscles
O the head
O new prostheses
O old prostheses

Have you ever had the following:

O periodontosis treatment?
O orthodontic treatment (e.g. braces)?
O germ identification?
O functional therapeutic treatment?
O a bite tray?
O dental or oral surgical treatment?
O amalgam fillings replaced with another filling?
O heavy metal detoxification? When? How?

What is your sleeping position?

O supine position
O prone position
O lateral position

Do you grind or press your teeth together?

O grinding
O pressing

Are you afraid of dental treatments?
Especially:

O injections O drilling noises O gag reflex

Do you prefer your treatment with local anesthesia?

O yes O no

Your previous dentist, what did you like and what should be improved?

_____

In which topics of modern dentistry are you interested in?

O professional tooth cleaning O aesthetic dentistry
O bleaching O amalgam removal / restoration
O orthodontic surgery O implants
O general dentistry O snoring therapy

Please tick as appropriate:

Cardiovascular O Angina pectoris O Heart attack O Myocardial inflammation O Heart valve inflammation O Artificial heart valve O Cardiac pacemaker O High blood pressure O Low blood pressure O Rhythm disturbances	**Skeletal system** O Degenerative joint diseases O Back complaints O intervertebral complaints O Muscular diseases O Fibromyalgia	**Chance of pregnancy?** O Yes O No **If yes, which week/month of pregnancy?**
Vessels O Stroke O Vascular disorders O Thrombosis	**Nerves** O Seizures/ epilepsy O Paralyses O Depressions O anxiety	**Do you smoke?** O Yes O No **How many cigarettes in average?**
Lung / Airways O Asthma O Pneumonia O Tuberculosis O Chronic bronchitis O Sleep apnoea syndrome O Snoring	**Eyes** O Glaucoma O Cataract O Angle closure glaucoma	**Do you drink alcohol sometimes?** O Yes O No **Regularly?**
Liver O Hepatitis O A O B O C O Other	**Blood** O Coagulation disorder O Frequent nose bleeding O Cont. bleeding after surgery	**Anticoagulant medicaments** O Aspirin O ASS O Marcumar O Ticlopidin O Clopidogrel O Plavix
Kidneys O Dialysis O Kidney inflammation O Kidney stones	**Allergy** O Hay fever O Food O Medicaments O Plasters O Latex	**Regular medicaments** O Blood pressure O Novel drugs O Painkiller O The pill O Psychotropic drugs O Antidiabetics O L-Thyroxin O Other?
Stomach / intestines O Digestive problems O Heartburn O Reflux disease	**Immunodeficiency** O Taking cortisone O HIV O Transplantation	**Any other diseases or disabilities?**
Metabolism O Diabetes O Hypothyroidism O Hyperthyroidism	**Bones** O Osteoporosis O Treatment with bisphosphonates?	