



PRAXISGEMEINSCHAFT FÜR ZAHNGESUNDHEIT
DR. MED. DENT. A. & D. KUROSZCZYK
UND KOLLEGEN
ZAHNÄRZTE

Adults

Dear Patient,

Before we take time to talk to you in person about your individual dental wishes and requirements, we also need, in addition to your personal details, information about your general state of health (medical history). The answers to all our questions are treated in the strictest confidence and the information is used solely for the purposes of your dental treatment in our surgery.

Family name _____ First name _____ Date of birth _____

Postcode _____ Town/city _____

Street/house no. _____ Telephone no. _____

Mobile phone no. _____ Fax no. _____ E-mail _____

Occupation _____ Employer _____

Health insurance _____

Statutory health insurance Supplementary insurance

Private health insurance Benefit allowance

If you yourself are not the health insurance policy holder, please state whose insurance you are covered under.

Family name _____ First name _____ Date of birth _____

Address _____

Do you suffer from any of the following dental problems?

- | | | |
|--|--|---|
| <input type="radio"/> Over-sensitive teeth | <input type="radio"/> Teeth grinding | <input type="radio"/> Dental pain |
| <input type="radio"/> Pain in or clicking of the jaw | <input type="radio"/> Halitosis (bad breath) | <input type="radio"/> Discolouration of the teeth |
| <input type="radio"/> Bleeding gums | <input type="radio"/> Loose teeth | <input type="radio"/> Other? _____ |

Are currently taking any medication? no yes

If so, please specify _____

Are currently receiving medical treatment? no yes

General practitioner / specialist _____

Do you suffer from any allergies? no yes

If so, please specify _____

Heart and circulatory disorders

Cardiac insufficiency (weak heart) no yes Irregular pulse no yes

Cardiac valve replacement/heart defect no yes High blood pressure no yes

Cardiac asthma, angina no yes Low blood pressure no yes

Pacemaker no yes How high? _____ / _____

Myocardial infarction (heart attack) no yes

Other? _____

Lung disorders

Asthma no yes Other? _____

Liver and metabolic disorders

Liver disease no yes thyroid disorder no yes

Diabetes no yes Other? _____

Infectious diseases

Inflammation of the liver (hepatitis A / B / C) no yes
Have you had an HIV test? no yes

Tuberculosis no yes
If so, please state the results. _____

Blood disorder

Bleeding diathesis (haemophilia) no yes
Other? _____

Anaemia no yes

Disorder of the nervous system

Epilepsy no yes
Psychosomatic disorders no yes

Cramps / convulsions no yes
Other? _____

Gastro-intestinal disorders no yes

Kidney disorders no yes

Tumours / tumour surgery

Bisphosphonate therapy no yes

Pregnancy
If so, what stage? _____

Drugs

Drug consumption no yes
Do you smoke? no yes

Alcohol consumption no yes

Eating disorders

Bulimia no yes

X-ray examinations

Has an x-ray been taken of your head-jaw-dental area within the last 12 months? no yes

Your individual wishes are important to us ...

Personal expectations / concerns regarding your impending dental treatment _____

Reason for your dental appointment today? _____

What is of particular importance to you? _____

What, in your opinion, were the shortcomings during previous visits to the dentist? _____

Are you scared of dental treatment? no yes

Would you like to receive a check-up reminder every 6 months? no yes

If so, in what way? by mail by telephone by e-mail by text message

I am interested in receiving advice on the following:

Professional dental cleaning Dental replacement Dental implantology Individual prophylaxis programme

Periodontosis Dental aesthetics Dental irregularity correction Cavity risk assessment

Removal of amalgam fillings Dental bleaching Oral hygiene products

Interest in other areas? _____

How did you find out about us?

Internet Recommended by _____ Other source _____

Have you visited our surgery website at www.dentalpoint-mainz.com? no yes

Date _____ Signature _____

We hope that you feel comfortable in our surgery, and we are happy to answer any questions you may have.