Dr. Wolfgang Schmid / Dr. Susanne Strauch
www.zahnarztpraxis-forstenried.de

Medical History Anamese

Dear patient, welcome in our dental office.

Please fill out the medical history form with care.

These data are being handled according to the regulations of medical confidentiality. Should any changes in your medical history occur, please be sure to inform us immediately.

By submitting the insurance card you automatically agree to the electronic data storage procedures in our office concerning dental medical purposes only.

I hereby agree having read the notes concerning the data processing.

Note concerning organisatory matters

Our dental office works with a system based on individual appointments. This means that a special time schedule is especially reserved for your treatment. In case of cancellation of an appointment, please be sure to do this at least 24h ahead of time.If yoa are not showing up for an appointment without informing us ahead of time means an economic loss for us. This loss amounts to approximately 300.00€/h. If you fail to keep an appointment without prior notice, we must charge the time reserved for you to your account

I hereby agree, that i may be treated by Dr.W.Schmid or Dr.S.Strauch alternatively, in case one of the doctors is not available. Yes ☐ No ☐

Your personal details

Mr. ☐ Ms. ☐

Family Name, First Name, Date of Birth

Street, Number Postcode,Place

	@

German Landline/Mobile Number Mail Adresse

Profession German Landline Employer

Name of Health Insurance

Statutory Health Insurance ☐ Private Health Insurance ☐

Additonal Health Insurance ☐

General Information (tick and fill in as appropriate)

Do you take medications on a regular basis? yes ☐ no ☐

Which?

Do you have any allergies? yes ☐ no ☐ allergy passport yes ☐ no ☐

heart and circulatory disorders yes ☐ no ☐ high blood pressure ☐ low lood pressure ☐

infectious diseases (TBC HIV;hepatitis etc.) yes ☐ no ☐ hematological diseases/ bleeding disorders yes ☐ no ☐

diabetes yes ☐ no ☐ osteoporosis/ therapy with bisphosphonats yes ☐ no ☐

cardiac diseases (cardiac pacemaker) yes ☐ no ☐ you fall into a faint yes ☐ no ☐

dysfunktion of the thyroid gland yes ☐ no ☐ neurological diseases (epilepsy,seizures,muscular cramps etc) yes ☐ no ☐

pregnancy yes ☐ no ☐

other diseases yes ☐ no ☐ _____

When was the last time you had an x-ray examination of your teeth ? _____

Are you smoking ? yes ☐ no ☐

Are you interested in our reminding you of regular check-up and dental hygiene appointments? yes ☐ no ☐

If yes: via mail☐ text messages ☐ e-mail ☐

What is the exat reason for appoinment?

How was your attention drawn to our office? Recommendation of _____

Google ☐ Jameda ☐ other sources ☐

Please keep in mind!

Your ability to drive a car may be impaired by the anesthesia received during your dental treatment!

Date _____ Signature _____