

Anamnesis questionnaire



Dear patient!

Before we sit down to talk about your dental wishes, we require information about your general state of health, in addition to your personal details. This is because even general illnesses can impact on the dental treatment. We therefore ask you to complete this questionnaire. Of course, all the information you provide is subject to medical confidentiality.

Personal details

Surname / first name _____

Address _____ Postcode / Place _____

Date of birth _____ Place of birth * _____

Tel. landline _____ Tel. mobile * _____

E-mail * _____ Occupation * _____

Health insurance company / private health insurance company * _____

legally insured yes no additional insured yes no

privately insured yes no eligible for benefit yes no basic rate yes no

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

Surname / First name _____ Date of birth _____

Address _____ Postcode / Place _____

Who is your general practitioner? *

Name _____ Place _____

Tel. _____

Organisational details

Are you unable to keep an appointment? Please cancel it at least 24 hours in advance. Many thanks!

Advice on fitness to drive after dental treatments

Please be aware that your fitness to drive may be impaired for up to 24 hours after a dental treatment. This can be caused both by the treatment itself and by the influence of injections or other medications. Therefore, if you wish, we would be happy to call a taxi for you to bring you home safely.

On our own account

How did you find out about our practice?

recommended by acquaintances telephone book / business directory newspaper advertisement

referral from _____

internet, via the site _____ other _____

Fields marked with * are voluntary.

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Why are you visiting us? Do you want a...

- routine check-up
- new dentures
- consultation
- "second opinion"
- pain treatment
- other reasons:

Do you have acute pain? yes no

If so, how does it express itself?

- persistent pain
- teeth react to sweet / sour
- Some teeth are sensitive to temperature
- teeth hurt when pressurised or during chewing
- teeth hurt also when not pressurised
- pain or inflammations on the gums
- jaw pain / jaw joint pain

Do you suffer from or have you suffered from diseases of the...

- circulation yes no
- liver yes no
- kidneys yes no
- thyroid yes no
- gastrointestinal tract yes no
- joints (rheuma) yes no
- spine yes no

Do you have or have you had...

- high blood pressure yes no
- low blood pressure yes no
- diabetes yes no
- bleeding of the gums yes no
- buzzing in the ears / tinnitus yes no
- osteoporosis yes no
- epilepsy yes no
- glaucoma yes no
- tuberculosis yes no
- HIV (Aids) yes no
- hepatitis yes no
- If so, which type? A B C
- allergies yes no

If so, to what? _____

- a joint prosthesis yes no
(e.g. artificial knee or hip joint)

If so, where exactly? _____

Other infections / illnesses:

About your heart: Do you have or have you had...

- stents
- bypass
- pacemaker
- heart attack
- endocarditis
- artificial heart valve
- angina pectoris
- _____

Medications: Do you take...

- heart medication
- cortisone (corticoids)
- painkillers
- antidepressants
- blood-thinning medications, e.g. Marcumar®, ASS?
- other medications:

Have you ever shown incompatibilities towards medications or injections? yes no

If so, towards which ones?

For our female patients

Are you pregnant? yes no

If so, how many weeks pregnant are you?

Finally

Do you grind your teeth? yes no

Do you smoke? yes no

Questions / queries:

Date

Signature

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Newsletter and reminder service

To facilitate regular check-ups, we would like to offer the chance to participate in our reminder service. At regulated intervals, you will receive messages from us in which we remind you of an agreed check-up appointment. We ask that you indicate accordingly if you do not wish to participate in this service and/or newsletter.

Would you like to receive our practice newsletter via e-mail? yes no

Would you like us to remind you of your check-up by post, e-mail or telephone? yes no

Date

Signature