Name of the insurance company		
Name, Surname of the insurant	Date of birth	
Insurance-No.	Insurant-No.	Status
Doctor-Nr.	Insurance card expiry date	Date

ZAHNARZTPRAXIS
DR. THOMAS BAUM

Questionnaire

Dear patient,
a warm welcome to our practice. We are always about to offer you the best possible dental treatment. As you know, dentistry is overlapping other medical disciplines. Therefore it is needful to your own security to fill out this form thoroughly and truthfully .
Your personal data is carefully kept secret to the public. They are protected by doctor-patient-confidentiality through german federal law (§ 203 StGB) and the strictly rules of privacy. We handle everything responsible and add this form to your patient-register.
In case you would need our assistance, please do not hesitate to ask us. We are pleased to support you as good as we can!

Name: _____ Surname: _____ Date of birth: _____
Adress: _____
Phone-No.: _____ Mobile Phone: _____ Fax: _____ E-Mail: _____
Profession: _____ Company: _____ Health-Insurance: _____

In case the owner of your insurance is someone else than you, please tell us the following details about this person:
Name: _____ Surname: _____ Date of birth:_____
Adress: _____

Please mark the following answers by cross and fill the applicable fields.

To arrange our dental treatment in nessesary cases with your **medical practitioner**, please tell us the name and adress of the doctor:
_____

Have you been under **medical treatment** over the past 2 years? o yes o no
If yes, for what reason? _____

Are you taking any medicine currently or regulary? o yes o no
If yes, which?
_____

Allergies
Is there any known allergie you suffer against materials or medicine? o yes o no
If yes, against what?
_____
Do you own a documentation-form about the allergie? o yes o no

Diseases of the Blood
Bleeding disorder (Hemophilia)? o yes o no
Anemia? o yes o no
Anything else? _____

Please turn the page!

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DR. THOMAS BAUM

Cardiovascular diseases

Cardiac insufficiency? o yes o no
Irregular heartbeat (Arrhythmia)? o yes o no
Angina pectoris (Stenocardia)? o yes o no
Pacemaker? o yes o no
Artificial heart valve? o yes o no
Heart defect? o yes o no
Heart attack? o yes o no
High blood pressure? o yes o no
Low blood pressure? o yes o no
Anything else? _____

Other diseases of the viscera

Gastro-intestinal diseases? o yes o no
Renal disease (kidney ailment)? o yes o no
Chronic disease of the respiratory tracts? o yes o no
Diseases associated with tumors or former tumor-operations? o yes o no
If yes, linked to bisphosphonat-therapy? o yes o no
Anything else? _____

Infektions

Icterus (hepatitis)? o yes o no
Tuberculosis? o yes o no
Have you ever been tested for HIV? o yes o no
If yes, what was the result? _____
Anything else? _____

Diseases of the nervous system

Epilepsy? Epileptic seizure? o yes o no
Seizures? o yes o no
Black outs (faints)? o yes o no
Psychosomatic Diseases? o yes o no
Depressions? o yes o no
Anything else? _____

Diseases of the metabolism

Diabetes? o yes o no
Liver disease? o yes o no
Diseast of the thyroid gland? o yes o no
Anything else? _____

Eye diseases

Eye cataract? o yes o no
Glaucoma? o yes o no
Anything else? _____

Dependencies

Are you a smoker? o yes o no
Are you drinking alcohol regulary? o yes o no
Are you consuming drugs regulary or casually? o yes o no
Did you ever suffer from bulimia (adephagie)? o yes o no

Pregnancy

If yes, in what month are you pregnant? _____

X-Ray

Have you had dental x-rays within the last 12 months? o yes o no
If yes, where was the examination? _____

Your **individual conveniance** is important to us! If you have any personal expectation or wishes ahead of the dental treatment, please let us know:

_____

We offer a free **recall service** to inform our patients about the regulary dental check-up. It is without obligation for both sides.
Do you want us to arrange this service for you? o yes o no

I assert I filled this questionaire completly and to the best of my knowledge.

_____ _____

(Location, Date) (Signature)

Sincere thanks to you for your support! We will refresh this form regulary. However, please tell us immediatly about any changes of medical issues!