

Anamnesis

Also general diseases can have effects on the dental-medical treatment. So we ask you to fill out this questionnaire. This is added to your personal documents. Please note that this information are liable to medical discretion. They serve exclusively to adapt our treatment to your state of health. Partly they are regulated by law. If it is necessary, your data are stored by us. But they subject to strict conditions of privacy.

last name first name male/female birthday

insurance

adress: postcode city street + number telephone number (phone private)

email: mobile number:

employer: profession:

phone office:

name and address of the family doctor:

Medical anamnesis

Yes No

cardiovascular disease:
(heart/circulation)

cardiac insufficiency

flutter heartbeat (arrhythmien)

cardiac asthma, angina pectoris

pacemaker, cardiac valve.....

high blood pressure

low blood pressure

heart attack, when?

intake of anticoagulant medicaments

faintings

metabolism disease:

diabetes

gastro-intestinal diseases

thyroid diseases

disease of nervous system: epilepsy (fits/convulsions)

blood diseases:

bleeding tendency (hämophilie)

anemia

allergy:

ekzeme

penicillin -intolerance

asthma

Have you an allergy pass?

other intolerances(latex, anaesthetics,antibiotics,...):

infectious diseases:

hepatitis A ,B or C/ icterus.....

tuberculosis

chronic diseases – asthma, lung diseases, bronchitis.....

AIDS, HIV

immune system:

diseases of immune system?.....

When yes, which? _____

Other diseases:

Which medicaments do you take in? _____

more details:

Are you or were you addicted to drugs?

Are you newly operated?

When was your last dental x-ray? _____

Are you pregnant? (which month:)

Which additives do you use for dental care?

date, signature patient/insurant _____