DR. MED. DENT.
RALPH WIMMER
DR. MED. DENT
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ZAHNÄRZTE

TOOTH CLEANING | ESTHETIC DENTISTRY | IMPLANTOLOGY

REGISTRATION FORM FOR ADULTS

Welcome to our practice!

PERSONAL DATA

▷

patient (last name, first name) _____ date of birth

insured person (last name, first name) _____ ☐ husband/wife ☐ father, mother _____ date of birth

postal address street name and house number _____

city and zip code _____

phone number _____ fax number _____

occupation _____ ☐ employee ☐ self-employed

employer _____ street name and house number _____

city and zip code _____ phone number

medical insurence company (Krankenkasse) _____ ☐ Pflichtvers. ☐ Freiwillig ☐ Privat _____ membership number

family doctor and/or other doctors frequently treating you _____

QUESTIONS ABOUT YOUR HEALTH

The purpose of the following questionnaire is to determine possible risks. Please answer conscientiously on behalf of your own safety. Your answers will be treated according to medical secrecy. Should any points be unclear, please ask my staff for help.

	Yes	No
1. Do you suffer from any **heart-, circulatory- or vascular diseases**?	☐	☐
2. Do you suffer from any **respiratory diseases**?	☐	☐
3. Do you have any **blood diseases** or **abnormal bleeding symptoms (e.g. haemophiliac disease)?**	☐	☐
4. Do you suffer from **diabetes**?	☐	☐
5. Do you take medication on a **regular basis**?	☐	☐
If so, please name wich _____		
6. Do you suffer from any **allergies**?	☐	☐
If so, please list them _____		
7. Do you/did you suffer from any liver diseases **(e.g. Hepatitis)**?	☐	☐
8. Do you/did you suffer from **Tuberculosis (TBC)**?	☐	☐
9. Do you suffer from **AIDS (HIV)**? ☐ don't know	☐	☐
10. Do you suffer from any **rheumatic diseases**?	☐	☐
11. Are you pregnant?	☐	☐
12. Are you afraid of the dental treatment?	☐	☐
If so, in what degree ☐ a little ☐ reasonably ☐ a lot		
13. Do you have toothache?	☐	☐
14. Do you wish to be treated under local anesthesia?	☐	☐
15. Do you have problems/pain with your jaws?	☐	☐
16. Do you have ever been treated orthodontically?	☐	☐
17. Do you sometimes have bleeding of the gums?	☐	☐
18. Who has recommended us to you? by whom have you been transfered to us? _____		
19. Do you want to be informed about possibilities of caries and paradontosis prevention (**prophylaxis**)?	☐	☐