rieber

Zahnarztpraxis
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Registration and health questionnaire

Name ....
First name ....
Street ....
Postcode/Town ....
Date of birth ....
Email ....
Telephone / Mobile ....

Phone Business ....
Employer ....
Profession ....
OASI number ....
Insurance company ....
Insurance number or customer number ....
Do you receive supplementary OASI/DI benefits? yes no

Address of legal representative (name, first name, address, telephone)

....

Family doctor (name, address, telephone)

....

Transferred/Recommended by ....

Reason for visit ....

Certain general diseases require precautions or special attention in the case of a dental examination treatment.
Please answer the following questions completely and correctly. We are bound by medical confidentiality.

yes no **Were you under medical treatment or in hospital last year?**
If so, why? ....

yes no **Do you regularly take medication?**
If so, which ones? ....

yes no **Do you take blood thinners?**
If so, which one? ....

yes no **Is your blood pressure normal?**

yes no **Is there a pregnancy at the moment?**

yes no **Do you have a health passport or other medical passport?** ....

Have you or have you ever had ...

yes no **unusual reactions to syringes, medications, or dental materials?**

yes no **difficulties with long bleeding?**

yes no **allergies?** If so, which ones? ....

yes no **asthma, hay fever?**

yes no **severe rheumatism or artificial joints?**

yes no **epileptic seizures?**

yes no **angina pectoris, heart attack, other heart diseases, artificial heart valves?**

yes no **an operation or radiation in the jaw or face area?**

yes no **an infectious disease such as tuberculosis, hepatitis A/B/C, or are you HIV positive?**

yes no **diabetes? [diet, drug, insulin]**

yes no **Do you smoke cigarettes, pipe, cigars?** How many a day? ....

yes no **another serious illness?** If so, which ones? ....

I grant permission, if necessary, to forward the patient data required for invoicing and debt collection to the billing office and any institution entrusted with debt collection, as well as to the competent state authorities (debt collection office, magistracy, competent courts).

Date: ....

Patient signature: ....