



## Registration form with anamnesis

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Adress: \_\_\_\_\_

Telephone: \_\_\_\_\_

Job: \_\_\_\_\_

Work phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Health insurance: \_\_\_\_\_

If you are not a health insurance member yourself, who is a member?

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Who should receive the bill? \_\_\_\_\_

Do you receive public service grants? **Yes**  **No**

Who recommended us? \_\_\_\_\_

Why are you seeking treatment? \_\_\_\_\_

Do you have toothache? **Yes**  **No**

Do you suffer from gum bleeding?

Are your gums retracing?

Are your teeth loosened?

Are there any health risks?

If so, which ones? \_\_\_\_\_

Do you have a health passport?

Do you take medicine?

If so, which ones? \_\_\_\_\_

Are there cardiovascular diseases?

If so, which ones? \_\_\_\_\_

Are you allergic to something?

If so, to what? \_\_\_\_\_

Do you have an allergy passport?

Are you on meds for blood clotting?

Is there an infectious disease (e. g.

Hepatitis, AIDS)? If so, which one? \_\_\_\_\_

Do you have a cardiac pacemaker?

Do you have pain around the jaw joints? **Yes**  **No**

Do you need information on artificial teeth?

Have x-rays been taken?

If so, when? \_\_\_\_\_

Do you suffer from diabetes? **Yes**  **No**

Do you suffer from thyroid disease?

Do you suffer from gastrointestinal diseases?

Do you suffer from migraine?

Do you have glaucoma (eye disease)?

Do you suffer from a prostate disease?

Do you suffer from rheumatism?

Do you suffer from asthma?

Are you pregnant?

Who is your general doctor? \_\_\_\_\_

Quality work is only possible without time pressure. Please understand that we have to calculate bills for missed appointments that have not been canceled 24 hours in advance according to the schedule of fees for dentists!

**I consent to my health data being passed on within the practice community and to a possible successor.**

**I confirm that I have given the above information to the best of my knowledge.**

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature