

# Zahnärzte am Jägertor

Zahnärzte und Implantologen

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## Patient Questionnaire

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Phone home \_\_\_\_\_ Phone work \_\_\_\_\_ Phone mobil \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Please answer the following questions about your state of health as accurately as possible.

This information is subject to medical privacy and data protection laws and will be handled with strict confidentiality.

### Heart/cardiovascular diseases

- yes  no High blood pressure  
 yes  no Low blood pressure  
 yes  no Pacemaker  
 yes  no Endocarditis

### Infectious diseases

- yes  no HIV/AIDS  
 yes  no Liver disease/ Hepatitis  
 yes  no Tuberculosis  
 yes  no Other infectious diseases

### Other diseases

- yes  no Epilepsy  
 yes  no Asthma/ lung diseases  
 yes  no Blood clotting disorders  
 yes  no Diabetes  
 yes  no Drug dependency  
 yes  no Nerve disease  
 yes  no Kidney diseases  
 yes  no Fainting spells  
 yes  no Osteoporosis  
 yes  no Smoker  
 yes  no Rheumatism/arthritis  
 yes  no Thyroid disease  
 yes  no Other diseases

### Allergies or intolerances

- yes  no Local anesthesia/ injections  
 yes  no Antibiotics  
 yes  no Pain Medication

Metals: \_\_\_\_\_

### Which medication do you take regularly or are currently taking?

- yes  no Are you receiving chemotherapy medication?  
 yes  no Are you receiving radiation therapy for cancer?

I hereby authorise the electronic storage, processing and use of my data for input in the Recall System. I agree to immediately report any and all changes arising during the entire treatment period. I further agree to keep all scheduled treatment appointments or to cancel them at least 24 hour prior to the scheduled appointment. I understand that appointments not cancelled in time will be billed. In the case of extensive services by dentists or dental technicians for which my dentist is obliged to make payment in advance, I understand that a credit check may be carried out by a credit protection or credit reporting agency.

Location, Date \_\_\_\_\_ Signature \_\_\_\_\_