



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?