QUESTIONNAIRE (ANAMNESIS)

To ensure that your treatment can be tailored to your wishes and your state of health, we ask that you answer the following questions. All information is of course subject to medical confidentiality.

Our practice is organized in such a way that you rarely have to wait. Please let us know at least 24 hours in advance if you should be prevented.

Patient surname . . . . . first name . . . . . date of birth . . . . .

Member surname . . . . . first name . . . . . date of birth . . . . .

Address street, no. . . . . .

post code . . . . . residence . . . . .

Phone private . . . . . mobile phone . . . . .

E-mail . . . . . .

Employer . . . . . job . . . . .

Insurance . . . . . .

Recommendation . . . . . .

Why are you going into treatment? (please tick as appropriate)

Toothache? ☐ Bleading gums? ☐

Are your teeth relaxed? ☐ Last x-rays? . . . . . .

Would you like to be reminded by us at regular intervals of a check-up (recall)? ☐

MEDICAL FINDINGS SURVEY

If you have or have had one of the following conditions?

(Please tick as appropriate and enter additional answer if necessary)

Allergies to ... ☐ . . . . . .

Asthma ☐ . . . . . .

Bleeding disorder ☐ . . . . . .

Diabetes ☐ . . . . . .

Epilepsie ☐ . . . . . .

Disease of the thyroid gland ☐ . . . . . .

Cardiovascular diseases

Heart failure ☐ Heart attack ☐ Heart rythm disorder ☐ hypertension/hypotension ☐ Pacemaker ☐

Infectious diseases

TBC ☐ HIV/AIDS ☐ Hepatitis A ☐ Hepatitis B ☐ Hepatitis C ☐

Other diseases

Liver disease ☐ . . . . . .

Gastro-intestinal disease ☐ . . . . . .

Kidney disease ☐ . . . . . .

Rheumatism ☐ . . . . . .

Tumors/cancer ☐ . . . . . .

Any other diseases ☐ . . . . . .

Do you take any medicine regulary? ☐ If yes, which? . . . . . .

Do you smoke? ☐ If yes, how much per day? . . . . . .

There is a pragnancy? ☐ If yes, how many months have passed? . . . . . .

. . . . . .

Date **Signature**