

Krankenkasse

Patientenerhebungsbogen - englisch
Patient data sheet

Name, Vorname des **Patienten**, Anschrift

geb. am

practice stamp:

Kassen-Nr. Versicherten-Nr. Status

Vertragszahnarzt-Nr. VK gültig bis Datum

telephone (private): (business):.....

profession/ employer:

family doctor: name:

address:

telephone:

Please answer the following questions regarding your state of health as exactly as possible!

The information is subject to professional medical secrecy as well as to the regulations on the protection of the privacy of personal data, and will be treated strictly confidential.

heart/ cardiovascular diseases:

- hypertension yes no
- valvular defect yes no
- cardiovalvular replacement yes no
- pacemaker yes no
- endocarditis yes no
- heart surgery yes no

infectious diseases:

- AIDS yes no
- hepatitis yes no
- tuberculosis yes no

convulsive seizures (epilepsy):

yes no

asthma/ lung diseases:

yes no

coagulation diseases:

yes no

diabetes mellitus:

yes no

drug addiction:

yes no

nephropathy:

yes no

fainting fits:

yes no

other diseases:

.....
.....

allergies or intolerances:

- local anaesthesia/injections yes no
- antibiotics yes no
- analgesics yes no
- metals:

Are you pregnant? yes no if yes, in which month? month

Have dental X-rays of you been taken before? yes no if yes, when?

Which drugs do you take regularly or at present? since.....
..... since.....
..... since.....

I agree with the electronic storage and processing of my data.

I commit myself to immediately inform you of all changes that occur during the entire period of treatment. Furthermore, I engage myself to keep to agreed sessions or to cancel them at least 2 days before the arranged date. I am aware that appointments, which were not called off as well as not cancelled on time, can be invoiced.

I agree that when necessary, in the case of extensive dental surgical or technical performances for which an advance financial concession to the dental technician be made by my dentist, enquiries over my creditworthiness can be obtained through a credit protection or reference agency.

....., the

signature: