PATIENT QUESTIONNAIRE

Dr. Stefan Mößner
ZAHNARZT

Dear patient,

Information on your medical history will help us to provide you with the best possible care. **For your own safety it is important to answer all the questions completely.** If you require any assistance please let us know. We are here to help. All information is, of course, confidential and is only used to optimize your treatment.

Patient:

LAST NAME, FIRST NAME | DATE OF BIRTH | PHONE (DAY)

HOME ADDRESS | CITY, ZIP | E-MAIL

OCCUPATION | EMPLOYER | INSURANCE

FAMILY DOCTOR

Insured (if different from patient):

LAST NAME, FIRST NAME | DATE OF BIRTH | PHONE (DAY)

HOME ADDRESS | CITY, ZIP | E-MAIL

Please tick appropriate box:

Cardiovascular

High blood pressure	☐ YES	☐ NO
Low blood pressure	☐ YES	☐ NO
Valvular heart disease	☐ YES	☐ NO
Heart disease	☐ YES	☐ NO
Pace Maker	☐ YES	☐ NO
Endokarditis	☐ YES	☐ NO

Infectious diseases

HIV	☐ YES	☐ NO
Hepatitis A, B or C	☐ YES	☐ NO
Tuberculosis	☐ YES	☐ NO

other: .....

Further Diseases or Problems

Blood clotting disorders	☐ YES	☐ NO
Asthma	☐ YES	☐ NO
Lung Disease	☐ YES	☐ NO
Thyroid Gland Disorder	☐ YES	☐ NO
Arthritis	☐ YES	☐ NO
Epilepsy	☐ YES	☐ NO
Diabetes	☐ YES	☐ NO
Kidney Disorder	☐ YES	☐ NO
Fainting Spells	☐ YES	☐ NO
Glaucoma	☐ YES	☐ NO

other: .....

Allergies / Intolerances

Local Anesthetics	☐ YES	☐ NO
Pain medication	☐ YES	☐ NO
Antibiotics	☐ YES	☐ NO

other: .....

General Information

Drug abuse	☐ YES	☐ NO
Alcohol abuse	☐ YES	☐ NO
Smoking	☐ YES	☐ NO
Pregnancy	☐ YES	☐ NO
Regular medication?	☐ YES	☐ NO

PLEASE LIST & INDICATE WHEN YOU STARTED TAKING IT.

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I agree to inform you immediately about all changes that may occur during treatment. I agree to keeping appointments or cancel appointments 48 hours in advance, otherwise I will have to bear resulting costs. In case of repeatedly missed appointments without advance notice of cancellation, I will no longer be offered fixed appointments. I confirm by my signature that I have read and understood the above information.

DATE | SIGNATURE OF PATIENT / PARENT