Medical Questionnaire

32 reasons
ZAHNTEAM

Patient

Surname | Name | Date of Birth

Insured Person

Surname | Name | Date of Birth

Adress

Postal Code | City | Street

Phone | Mobile | E-Mail

Profession

Profession | Company

Insurance

Health Insurance | Additional Dental Insurance

Please tick all that apply:

Cardiovascular Deseases

Yes	No	
○	○	Cardiac Infarction in past
○	○	Cardiac Insufficiency
○	○	Heart muscle desease
○	○	Coronary heart desease
○	○	Cardiac arrhythmia
○	○	Previous coronary artery bypass
○	○	Cardiac pacemaker

Yes	No	
○	○	Low blood pressure
○	○	high blood pressure
○	○	Angina pectoris
○	○	Circulary disorders
○	○	Previous stroke (apoplexy)
○		Other:

Haematopoietic Deseases

Yes	No	
○	○	Anemia
○	○	Bleeder (haemophiliac)
○		Other:

Eye Deseases

Yes	No	
○	○	Cataract
○	○	Glaucoma

Respiratory Deseases

Yes	No	
○	○	Bronchial Asthma
○	○	Chronic Bronchitis
○		Other:

Deseases of the Intestinal Tract

Yes	No	
○	○	Stomach/Gastric Deseases
○	○	Intestinal/Enteric Deseases
○	○	Kidney Deseases
○	○	Dialysis
○		Other:

Please tick all that apply:

Hepatopathy

Yes	No	
○	○	Jaundice / Icterus
○	○	Hepatitis

Musculoskeletal System

Yes	No	
○	○	Rheumatism
○	○	Osteoporosis

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Neurlological Disorders

Yes No
- Epilepsy
- Headaches
- Migraine
- Depression

Metabolic Deseases

Yes No
- Diabetes
- Hypothyroidism
- Hyperthyroidism

Infections

Yes No
- HIV
- Tuberculosis
- Other:

Tumor Deseases

Yes No
- Tumor Deseases, Year:
- Chemotherapy
- Radiotherapy

Other relevant, medicinal information

Yes No
Do you suffer from any other desease not mentioned above? If yes, which one:

Describe here:

Yes No
Allergies (allergic reactions, drug ibcompatibility, intolerance of an material? If yes, which one:

Describe here:

Yes No
Regular intake of medication? If yes, which one:

Describe here:

Yes No
Current Pregnancy?

Yes No
Do you smoke? If yes, how many a day?

Amount of cigarettes per day

Yes No
Do you have any undesirable side effects after dental local anaesthesia?

Yes No
Do you want us to remind you of any dental appointments in the future?

How did you take notice of our dental practise?

Describe here:

Please notify that your fitness to drive might be reduced after a dental treatment itself or dental anaesthesia.

If you cannot keep the appointment you made, we kindly ask you to cancel early enough, otherwise we might charge a fee, it is an amount being laid out by GOZ.

Date

Signature