



Welcome to our dental practice!

Before we are going to discuss your dental requests we would like to be informed about your general health status. This is important for an adequate and risk free treatment.

Naturally, this information is absolutely confidential.

Family Name: _____ **First Name:** _____ **Date of Birth.:** _____

Place of Residence: _____

Phone No: _____ **Mobile :** _____

E-Mail: _____

Profession: _____ **Company:** _____

Phone No.: _____ **E-mail:** _____

Health Insurance: _____ **private** **Subsidy**

Health Insurance: _____ **public** **Additional Insurance**

Main Insurant: _____ **Date of Birth:** _____

Please, check the correct box and fill in the requested figures, resp.

Medical history	Yes	No	Medical history	Yes	No
Tuberculosis (Tbc)			Epilepsy		
Hyper- / Hypothyroidism			Diabetism		
Asthma			Gout		
Allergies:			Rheumatism		
- Penicillin			Joint replacement		
- other:			Anaemia		
Liver Diseases			Cancer		
Hepatitis A / B / C			Blood Cancer		
High Blood Pressure			Syphilis		
Low Blood Pressure			HIV		
Apoplexia			Nephropathy Disease		
Heart Attack			Dialysis		
Pacemaker			Tranquillizer		
Other Heart Diseases			Addiction to Alcohol		
Thrombosis			Smoker		
Blood Thinner			Cig. / Day?		
- ASS 100				Yes	No
- Marcumar			Pregnancy		
- other Diseases? :			month?		
			Nursing?		
Your Family Doctor?			Gynecologist?		
Phone No.:			Phone No.:		
	Yes	No		Yes	No
Other Diseases?			Are you medicated?		
Which:			Which:		
In the case of emergency: whom should we contact?					
Phone No.:					

Please continue overleaf!

Medical history	Yes	No
Important !! Important!! Important !!		
Do you take medicaments periodically – for example -- Bisphosphonates ?	<input type="checkbox"/>	<input type="checkbox"/>
e.g.: Zometa, Aredia, Bonviva, Bondronat, Fosamax, Fosavance, Skelid, Bonefos, Didronel, Diphos		
Did you get a tick immunisation recently or even today?	<input type="checkbox"/>	<input type="checkbox"/>

Medical history	Yes	No	
Are you scared of a dental treatment?	<input type="checkbox"/>	<input type="checkbox"/>	
How scared are you? a little: <input type="checkbox"/> so, so : <input type="checkbox"/> very : <input type="checkbox"/> I'm panicking : <input type="checkbox"/>			
Have you got an idea, what we could do against your fear?			
Do you wish to receive local anaesthesia for your treatment?	<input type="checkbox"/>	<input type="checkbox"/>	
Attention: Anaesthesia may reduce your driving capability!			
	Yes	No	
Are you suffering from pain in your head, jaws or neck?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you suffering from gum bleeding?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you wish to be informed about modern caries and parodontitis prophylaxis ?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you wish to be informed about teeth bleaching ?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you satisfied with the status of your teeth?	<input type="checkbox"/>	<input type="checkbox"/>	
If not: what should be changed?			
Do you wish to be informed on any spezial dentistry topic?	<input type="checkbox"/>	<input type="checkbox"/>	
what:			
Do you practice sports by which your teeth may be hurt?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you wearing an mouthguard ?	<input type="checkbox"/>	<input type="checkbox"/>	
Which sport:			
For what reason for your visit to our dental office?			
Esthetic dentistry <input type="checkbox"/>	Preserving dentistry <input type="checkbox"/>	Pain treatment <input type="checkbox"/>	Children dentistry <input type="checkbox"/>
Dental protheses <input type="checkbox"/>	Endodontology <input type="checkbox"/>	Temporomandib. Joint disord <input type="checkbox"/>	Prophylaxis <input type="checkbox"/>
Dental laboratory <input type="checkbox"/>	Parodontology <input type="checkbox"/>	Snorer splint <input type="checkbox"/>	Dental Bleaching <input type="checkbox"/>
Implants <input type="checkbox"/>	Location near by <input type="checkbox"/>	What else? <input type="checkbox"/>	
You became aware of us through			
friends <input type="checkbox"/>	Yellow Pages <input type="checkbox"/>	Promotion <input type="checkbox"/>	Internet : www.drreichle.de <input type="checkbox"/>

Date: _____ Signature: _____

Dear Patient,

We'll always try to save you from long waiting times. Thus, for keeping our time schedule you are asked to inform us at least 24 hours in advance if you will not be able to attend an arranged date.

Kindly consider that at times patients with pain attacks require priority, possibly causing delay for you.

Thanks for your consideration.

Moreover, we would like to thank you for the information you confided to us!

Dr. Wolfgang Reichle & Kollegen