

Dear Patient,

Thank you very much for choosing our practice.

In order to provide you with the best and safest treatment, we would be grateful if you could answer the questions below as fully as possible. Your answers will give us valuable information to tailor our therapies to your requirements. *All information you provide is subject to patient*

confidentiality in accordance with Section 203 of the German Penal Code [StGB] and data protection regulations. zahnmedizin im zentrum works on an appointment system, in order to keep waiting times for our patients to a minimum. If you need to cancel an appointment, please do so as soon as possible. This will help us to arrange a suitable alternative. Please read our data protection policy: www.deine-zahnarztpraxis.de/datenschutz

Patient <i>[Patient(in)]</i>	Name* <i>[Name]</i>	First Name* <i>[Vorname]</i>	D.o.B.* <i>[geb.]</i>	
Insured person <i>[Versicherte(r)]</i>	Name* <i>[Name]</i>	First Name* <i>[Vorname]</i>	D.o.B.* <i>[geb.]</i>	
Address <i>[Anschrift]</i>	Street / No.* <i>[Straße / Nr.]</i>		Postal code / Town / City* <i>[PLZ / Ort]</i>	
	Telephone / landline* <i>[Telefon / Festnetz]</i>		Telephone / mobile <i>[Telefon / mobil]</i>	@
	Email [E-Mail]			
Health insurance <i>[Krankenkasse]</i>	Statutory insurance <i>[Gesetzliche Versicherung]</i>	Private (supplementary) insurance <i>[Private (Zusatz)-Versicherung]</i>	Yes <i>[ja]</i>	No <i>[nein]</i>
	Eligible for benefits? <i>[beihilfeberechtigt?]</i>			
Occupation <i>[Beruf]</i>	Occupation <i>[Beruf]</i>	Employer <i>[Arbeitgeber]</i>	Telephone (work) <i>[Telefon, dienstl.]</i>	
General practitioner <i>[Hausarzt]</i>	Name <i>[Name]</i>		Postal code / Town / City <i>[PLZ / Ort]</i>	

Privately insured and patient eligible for benefits please note

Fees are charged according to the German Medical/Dental Fee Schedule (GOZ / GOÄ). We hope you will understand that we are unable to take any reimbursement restrictions and interpretations of the GOZ by your insurance into account when calculating our fees.

Payments

for private treatments and excess payments are arranged via **BFS health finance**. Further information is available at reception and also at www.bfs-health-finance.de. If you do not wish to use this service, **any fees due must be paid in cash or by card.**

Are you in pain or discomfort, or have any special requests you would like to discuss with us? If so, please give details:
[Haben Sie zur Zeit Schmerzen, akute Beschwerden oder Wünsche, die Sie zu uns führen? Wenn ja, welche:]

I am looking for specific advice about <i>[Ich wünsche eine spezielle Beratung...]</i>	Yes <i>[ja]</i>	No <i>[nein]</i>	Comments <i>[Bemerkung]</i>
Professional teeth cleaning / prophylaxis <i>[Professionelle Zahnreinigung / Prophylaxe]</i>			
Caries and periodontal disease prevention <i>[Karies- und Parodontitisvorbeugung]</i>			
Removal and alternatives to amalgam fillings <i>[Amalgam / Entfernung und Alternativen]</i>			
Jaw (temporomandibular) joint pain / clicking / creaking / headache <i>[Kiefergelenk...]</i>			
Cosmetic, aesthetic dental treatment / whitening / ceramics etc. <i>[Kosmetisch-...]</i>			
Tooth replacements <i>[Zahnersatz]</i>			
Microscopic root canal treatment <i>[Wurzelkanalbehandlungen...]</i>			
Implants / artificial roots <i>[Implantate / künstliche Zahnwurzeln]</i>			
We treat various forms of sleep apnoea (breathing problems) and snoring in collaboration with the Schleswig respiratory clinic, Drs Deimling and Volger-Deimling. Please answer the following questions: <i>[In Zusammenarbeit mit der Lungen...]</i>			
Do you snore? <i>[Schnarchen Sie?]</i>			
Do you suffer from excessive daytime sleepiness? <i>[Leiden Sie unter Tagesmüdigkeit?]</i>			
Do you stop breathing while asleep? <i>[Bemerken Sie nächtliche Atemaussetzer?]</i>			
<i>If you said "yes" to two of the three symptoms above, you may be suffering from some form of sleep apnoea. This needs to be investigated further. You will receive a specific questionnaire in relation to this. [Treffen zwei der letztgenannten drei Symptome bei Ihnen zu, besteht der Verdacht auf eine schlafbezogene Atmungsstörung. Die Probleme sollten...]</i>			

I would like to be reminded to attend routine check-ups (recall).

[Ich möchte zur regelmäßigen Routineuntersuchung angeschrieben werden (Recall)]

Yes <i>[ja]</i>	No <i>[nein]</i>

* Mandatory information. You may withdraw your consent to the storage and usage of information that is given freely at any time.

Please answer the general questions about your health below!

The information you provide is important and help us to assess and avoid any possible risks arising from the treatment or medication we use.

	Yes [ja]	No [nein]	Comments [Bemerkung]
Do you prefer a local anaesthetic for your treatment? [örtliche Betäubung?]			
Women only: Are you pregnant?*[Für Frauen: Besteht Schwangerschaft?]			
When did you have your last dental check-up? [letzte zahnärztliche Untersuchung?]			
Do you smoke or do you take any other addictive substances (alcohol, drugs) on a regular basis? [Rauchen Sie oder nehmen Sie andere Suchtmittel (Alkohol, Drogen)...]			
If so, please give details: [Wenn ja, bitte angeben]			
Do you or did you ever have any of the following? [Hatten oder haben Sie eine der nachfolgenden Erkrankungen?]			
Hepatitis A, hepatitis B, hepatitis C (jaundice)* [Hepatitis A, Hepatitis B, Hepatitis C...]			
HIV + /AIDS* [HIV + /AIDS]			
Type 1 / type 2 diabetes* [Diabetes (Zuckerkrankheit) TYP 1 / TYP 2]			
Endocarditis (inflammation of the heart's inner lining)* [Endokarditis...]			
Any other heart disease (heart attack, cardiac arrhythmia, heart valve replacement ...)* [Andere Herzerkrankungen (Herzinfarkt, Rhythmusstörungen, Herzklappenersatz...)]			
Blood pressure disturbances* [Blutdruckstörung]			high [hoch] low [niedrig]
Asthma* [Asthma]			
Blood disorders /coagulation disorders /anticoagulation medicine (blood thinners)* [Bluterkrankungen /Gerinnungsstörungen /Antikoagulationspräparate („Blutverdünner“)]			
Seizures (fits) /epilepsy* [Anfallsleiden /Epilepsie]			
Rheumatism* [Rheuma]			
Cancer /radiotherapy /chemotherapy* [Krebs /Bestrahlung /Chemotherapie]			
Any other diseases:* [Andere Erkrankungen:]			
Are you currently taking any medicines? [Nehmen Sie zur Zeit Medikamente ein?]			
If so, please give details:* [Wenn ja, welche:]			
Have you ever been treated with bisphosphonates?*[Sie sind Sie jemals mit Bisphosphonatpräparaten behandelt worden?]			
Are you allergic to or have you had an allergic reaction to any of the following? [Hatten oder haben Sie eine Allergie oder allergische Symptome auf eine der folgenden Substanzen?]			(You may need to check your allergy passport!) [Bitte schauen Sie ggf. in Ihrem Allergiepass nach!]
Allergic to iodine* [Allergie Jod]			
Allergic to penicillin* [Allergie Penicillin]			
Allergic to other antibiotics* [Allergie Andere Antibiotika]			
Allergic to ASA (Aspirin)* [Allergie ASS (Aspirin)]			
Allergic to other analgesics (painkillers)* [Allergie Andere Schmerzmittel]			
Allergic to mercury compounds (amalgam)* [Allergie Quecksilber]			
Allergic to chromium /cobalt /molybdenum compounds (steel)* [Allergie Chrom- ...]			
Allergic to any other substances / medicines* [Allergie Andere Substanzen / Medikamente]			
Do you have any of the following dental /gum diseases? [Haben Sie eine der folgenden Zahn- /Zahnfleischerkrankungen?]			
Bleeding /inflamed gums [Zahnfleischbluten /-entzündung]			
Pain in a single tooth or a group of teeth [Zahnschmerzen an einzelnen oder Gruppen...]			
Discolouration [Verfärbte Zähne]			
Loose /missing teeth [Gelockerte /fehlende Zähne]			
Swelling or changes to the lining of the mouth of unknown origin [Schwellungen oder...]			
Do you have any of the following? [Haben Sie einen der folgenden Nachweis-Pässe?]			
Dental health record book [Zahnärztliches Bonusheft]			Please issue: [bitte ausstellen:]
Child dental health record book [Zahnärztlicher Kinderpass]			Please issue: [bitte ausstellen:]
X-ray /radiation passport [Röntgenpass /Strahlenpass]			Please issue: [bitte ausstellen:]
Heart failure passport* [Herzpass]			
Allergy passport* [Allergiepass]			

How did you hear about us?

[Wie sind Sie auf uns aufmerksam geworden?]

*Mandatory information. You may withdraw your consent to the storage and usage of information that is given freely at any time.

I undertake to inform you promptly of any changes in my personal details or state of health.

Town/City, Date:

Signature: