



**Welcome to our surgery!**

Before going to discuss your dentistry requests we would like to be informed on your general health status. This is important for your treatment being adequate and free of risk. Selfunderstood, 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, tick the correct box and fill in the requested figures, resp.**

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

**Please continue overleaf!**

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

Medical history	Yes	No					
Are you scared of a dental surgery?	<input type="checkbox"/>	<input type="checkbox"/>					
How scared are you?							
a little: <input type="radio"/> so, so : <input type="radio"/> very : <input type="radio"/> I'm panicking : <input type="radio"/>							
Have you got an idea, what we could do against your fear?							
Do you wish local anaesthesia?	<input type="checkbox"/>	<input type="checkbox"/>					
<b>Attention: Anaesthesia may reduce your driving capability!</b>							
	<b>Yes</b>	<b>No</b>					
Are you suffering from pains 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 on modern <b>caries</b> and <b>parodontitis prophylaxis</b> ?	<input type="checkbox"/>	<input type="checkbox"/>					
Do you wish to be informed on <b>teeth bleaching</b> ?	<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 exercise sports by which your teeth may be hurt?	<input type="checkbox"/>	<input type="checkbox"/>					
Are you wearing an <b>mouthguard</b> ?	<input type="checkbox"/>	<input type="checkbox"/>					
<b>Which sport:</b>							
For what reason you have choose our dental office?							
Äesthetic 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"/>		<input type="checkbox"/>
<b>You became aware of us through</b>							
friends	<input type="checkbox"/>	Yellow Pages	<input type="checkbox"/>	Promotion	<input type="checkbox"/>	Internet : <a href="http://www.drreichle.de">www.drreichle.de</a>	<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 appreciation.

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

Dr. Wolfgang Reichle & Dr. Stefanie Jahn & Dr. Amely Neumeyer & Dr. Vanessa Fisch