

IN DEN FÜNF HÖFEN

Registration Form and Medical History

Dear patient,

welcome to our practice. To exclude potential risks during your treatment, it is essential that you answer the questions below with great diligence. It goes without saying that all information you provide is treated confidentially among your dentists and their team. Thank you for your cooperation.

Patient	Insured person		
Surname:	Surname:		
Given name:	Given name:		
Date of birth:	Date of birth:		
Place of birth:			
Address:			
Private e-mail:			
Telephone numbers	Invoice recipient		
Private:	Surname:		
Mobile:	Given name:		
Business:	Address:		
Profession:	Are you eligible for benefit		
Employer, location:	from public service? Insurance company:	yes 🗆	no 🗆
	Cumpolsory insurance:	yes 🗆	no 🗆

How did you find out about us?

If yes, what are they?	yes 🗌 no 🗖	Do you have allergies? If yes, what kinds?	yes □ no □
Do you have		Do you have	
gastrointestinal disease?	yes 🗆 no 🗖	osteoporosis?	yes 🗆 no 🗆
cardiovascular disease?	yes 🗆 no 🗖	an infectious disease?	yes 🗆 no 🗆
coagulation disorders?	yes 🗆 no 🗖	migraine?	yes 🗆 no 🗆
nigh blood pressure?	yes 🗆 no 🗖		
ow blood pressure?	yes 🗆 no 🗆		
liabetes?	yes 🗆 no 🗆		
idney disease?	yes 🗆 no 🗆	thyroid disease?	yes 🗆 no 🗆
glaucoma?	yes 🗆 no 🗆	HIV 🗆 Hepatitis B 🗖 Hepatitis C 🗖	
lave you had cancer?	yes 🗆 no 🗖		
		Do you take medication?	yes 🗆 no 🗆
Do you have a pacemaker?	yes 🗆 no 🗖	If yes, what medication?	
Are you pregnant?	yes 🗆 no 🗖		
f yes, how many weeks?		Do you smoke?	yes 🗆 no 🗆
What is your reason for coming to	o see us?	Which dental practice did you visit b	pefore?
Do you have an x-ray record card	l? yes □ no □	Which dental practice did you visit b	yes 🗆 no 🗆
Do you have an x-ray record card Did you have an x-ray examinatio	l? yes □ no □		
Do you have an x-ray record card Did you have an x-ray examinatio he past 2 years? Dur service includes a reminder f	d? yes □ no □ n in yes □ no □ or our patients		yes □ no □ n professional
Do you have an x-ray record card Did you have an x-ray examinatio the past 2 years? Dur service includes a reminder f one day before an appointment. Do	d? yes □ no □ n in yes □ no □ or our patients	Do you have an implant passport? We will also happily remind you whe	yes □ no □ n professional
Do you have an x-ray record card Did you have an x-ray examinatio he past 2 years? Dur service includes a reminder f one day before an appointment. Do	d? yes □ no □ n in yes □ no □ or our patients o you wish to receive it	Do you have an implant passport? We will also happily remind you whe tooth cleaning is due. Do you wish to re	yes no no no no no professional eccive the reminde
What is your reason for coming to Do you have an x-ray record card Did you have an x-ray examinatio he past 2 years? Our service includes a reminder f one day before an appointment. Do via e-mail by phone via SMS	d? yes □ no □ n in yes □ no □ or our patients o you wish to receive it	Do you have an implant passport? We will also happily remind you whe tooth cleaning is due. Do you wish to re via e-mail	yes no no no no professional eceive the remind

Munich,

Signature

With my signature, I confirm the accuracy of my information.