



**Dear Patient,**

Welcome to our practice.

You are asked to first provide us with some information for our administrative purposes. If you have brought X-rays along with you, please hand them in at Reception.

**Patient**

Last name	_____	First name	_____
Address	_____	Date of birth	_____
Postcode   Town	_____	Telephone	_____
Occupation	_____	e-mail address	_____

**Insured person (legal representative or other invoice recipient)**

Last name	_____	First name	_____
Health insurer	_____	Date of birth	_____
GP	_____		

**Please help us!**

It is important that you answer all the questions conscientiously to enable us to give you the very best medical care in your treatment. Your details are, of course, protected by medical confidentiality, by which we – the entire team – are bound.

Thank you very much for your help!

**Do you have or have you ever had a medical condition of the ...**

Heart or circulation (e.g. high blood pressure, heart attack, artificial heart valves, pacemaker) .....  Yes  No

Liver (e.g. hepatitis B or C, jaundice) .....  Yes  No

**Do you require endocarditis prophylaxis?** .....  Yes  No

**Do you have or have you ever had ...**

Blood clotting disorders .....  Yes  No

Allergies (which?) .....  Yes  No

AIDS or are you HIV-positive .....  Yes  No

Allergies to medication (which?) .....  Yes  No

Diabetes (sugar) .....  Yes  No

TB (tuberculosis) .....  Yes  No

Do you suffer from any other medical condition? (Which?) .....  Yes  No

Are you currently receiving medical treatment? (From which doctor?) .....  Yes  No

Are you currently taking medication? (Which?) .....  Yes  No

Have you had a head X-ray in the last 12 months? (X-ray card?) .....  Yes  No

Are you pregnant? (How many months?) .....  Yes  No

**Are you satisfied with the appearance of your teeth?** .....  Yes  No

\_\_\_\_\_

Date | Signature

**Important note!**

Medication (e.g. a local anaesthetic) may affect your ability to drive or operate machinery.