

ANAMNESIS

ArabellaDent

Dres. Beyer, Klemm, Köroglu
Rosenkavalierplatz 15, 81925 München



Dear patient,

we are very pleased to welcome you to our practice. We ask you to fill this bow conscientiously in order to respond best to you and your wishes. General illnesses can also have an effect on the dental treatment. All information is of course subject to medical confidentiality.

patient

female / male	surname	first name	date of birth	country and city of birth
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member/insured

surname	first name	date of birth
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address

street	number	post code	residence
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phone

private	mobile	business
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e-mail

employer/job*

all information with * is voluntary

name of insurance:

privately insured	O base rate	O eligible for aid	O fully privately insured
statutory insured	O supplementary insurance		

	yes	no
May we provide information to family members, supplementary insurance etc.? (Release from confidentiality)	<input type="radio"/>	<input type="radio"/>

Would you like to be reminded of recall check up appointments?

O by e-mail O by letter

O yearly O half-yearly

Would you like to be reminded of your appointment 24 hours in advance?

O by e-mail O by SMS

Would you like to receive all invoices and cost estimates encrypted by email, if possible?

How did you hear about our practice?

O practical shield O jameda O google O personal recommendation of: O others:

oral health situation

Do you have a specific concern that leads you to our practice?

O preventative check up	O new dentures	O bite splints, night-guards (teeth crunch/press)
O pain management	O implants	O treatment with Invisalign (tooth regulation)
O professional tooth cleaning	O bleaching	O second opinion

	yes	no
Were x-rays taken in the jaw area last year?	<input type="radio"/>	<input type="radio"/>
Do you wear dentures (e.g. crown, bridge, implant, prosthesis)?	<input type="radio"/>	<input type="radio"/>
Do you suffer from a bad breath or a bad taste in your mouth?	<input type="radio"/>	<input type="radio"/>
Do you have gum problems? Bleeding while brushing your teeth?	<input type="radio"/>	<input type="radio"/>
Do you crunch or press your teeth? Noises in the temporomandibular joint (e.g. when yawning, chewing)?	<input type="radio"/>	<input type="radio"/>

PLEASE NOTE BACK

general health situation

	yes	no		yes	no
asthma	<input type="radio"/>	<input type="radio"/>	high blood pressure	<input type="radio"/>	<input type="radio"/>
epilepsy	<input type="radio"/>	<input type="radio"/>	blood clotting disorder	<input type="radio"/>	<input type="radio"/>
infectious diseases (e.g. HIV, hepatitis etc.)	<input type="radio"/>	<input type="radio"/>	heart disease (e.g. artificial heart valve, endocarditis, heart attack etc.)	<input type="radio"/>	<input type="radio"/>
autoimmune diseases (e.g. Crohn's disease, osteoporosis, Hashimoto etc.)	<input type="radio"/>	<input type="radio"/>	in heart disease: Do you need a endocarditis prophylaxis?	<input type="radio"/>	<input type="radio"/>
thyroid disease	<input type="radio"/>	<input type="radio"/>	Do you have a pacemaker/defibrillator?	<input type="radio"/>	<input type="radio"/>
diseases of the kidney or liver	<input type="radio"/>	<input type="radio"/>	Do you have a prosthetic joint?	<input type="radio"/>	<input type="radio"/>
diabetes	<input type="radio"/>	<input type="radio"/>	Do you have any other diseases? If so, which diseases?	<input type="radio"/>	<input type="radio"/>
Do you take medications on a permanent basis?	<input type="radio"/>	<input type="radio"/>	Are you currently receiving medical treatment?	<input type="radio"/>	<input type="radio"/>
blood thinning medications (e.g. Marcumar, ASS, Xarelto, Eliquis etc.)	<input type="radio"/>	<input type="radio"/>	If so, because of which diseases?		
bisphosphonate	<input type="radio"/>	<input type="radio"/>	Do you have any allergies?	<input type="radio"/>	<input type="radio"/>
antihypertensives (e.g. Betablocker, Bisoprolol, Ramipril etc.)	<input type="radio"/>	<input type="radio"/>	If so, to which substances?		
insulin	<input type="radio"/>	<input type="radio"/>			
antidepressants	<input type="radio"/>	<input type="radio"/>	Do you smoke?	<input type="radio"/>	<input type="radio"/>
cortisone	<input type="radio"/>	<input type="radio"/>	For our female patients:		
other medication:	<input type="radio"/>	<input type="radio"/>	Are you pregnant?	<input type="radio"/>	<input type="radio"/>
			If so, in which pregnancy week:		

DSGVO Datenschutz-Grundverordnung / General Data Protection Regulation

I consent to the collection, electronic storage and processing of my personal data in compliance with the relevant provisions of national data protection laws and the General Data Protection Regulation. The patient information on the General Data Protection Regulation was handed to me.

Place/Date

Signature

Information:

Dear Patient,

we have an ordering system in our dental practice, which means that we reserve the treatment time especially for you. If you are not able to adhere to this appointment, we kindly ask you to cancel it at least 24 hours in advance.

As it is not possible to compensate in the short term for missed or canceled appointments, we are forced to charge reserved but not timely canceled treatment appointments - to cover the operating costs - with 180 Euro per commenced hour.

This agreement is valid for appointments of 1.5 hours or more - but not in case of illness, an accident etc.

We ask for your understanding.

Place/Date

Signature