

Medical history form

Questions about your health

How it works: 1. Fill in the printed form and bring it signed to your first appointment.
2. Please do not send it by email. 3. You can also fill in the form at the practice.

1. Personal details

First name and surname

Date of birth

Social security number

Health insurance

Street, house number

Postcode, town

Phone

Email

Occupation

Employer

Family doctor (GP)

Recommended by

2. Your teeth

When did you last see a dentist?

What treatment was done?

What brings you to us today?

Have you had braces (orthodontic treatment)? When and where?

How often do you brush your teeth?

☐ 3× a day ☐ 2× a day ☐ less often

How long do you brush your teeth?

☐ 3 minutes ☐ 2 minutes ☐ shorter

How would you rate your oral hygiene?

☐ very good ☐ good ☐ rather poor ☐ poor

3. Appointments - our rules

Your appointment is reserved exclusively for you. So that we can make the best use of this time:

- Please arrive about 15 minutes before your appointment.
- Cancelling is free of charge up to 24 hours before the appointment – online or by phone on 0662 843 106.
- If you cancel later or do not attend your appointment, the reserved time will be charged to you.

Reminder (48 hours before) by:

☐ SMS ☐ email ☐ no reminder

4. Your health

Do you have or have you ever had ...? Please tick **Yes** or **No** for every question.

		Yes	No
Heart attack, pacemaker or artificial heart valve		☐	☐
High or low blood pressure		☐	☐
Diabetes		☐	☐
Blood clotting disorder		☐	☐
Allergies (e.g. to medicines, anaesthetics, latex)	Which? 	☐	☐
Infectious hepatitis (jaundice)		☐	☐
HIV / AIDS		☐	☐
Other infectious or notifiable diseases	Which? 	☐	☐
Severe rheumatism (polyarthritis)		☐	☐
Medicines for osteoporosis or cancer, or radiotherapy to the head or neck	Which? 	☐	☐
Do you take medicines regularly?	Which? 	☐	☐
Do you take blood-thinning medicines?	Which? 	☐	☐
Are you currently pregnant?	Week of pregnancy 	☐	☐
Do you smoke?	Cigarettes per day 	☐	☐

Important: Before every treatment, please tell us if anything has changed in your health or your medicines.

5. Confirmation and consent

I confirm that my details are complete and correct, and I take note of the appointment rules. I consent to my personal and health data being stored, processed and, where necessary, shared for treatment, records and billing.

Further information on data protection is available at the practice.

Place, date

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Signature of patient (for children: parent or guardian)