

## Dear Patient - A Warm welcome to our Dental Office!

### Patient

Last Name	_____	First Name	_____
Date of birth	_____		
Street, No	_____	Post/ zip code	_____
	_____	City	_____
Tel. no. private	_____	Day tune tel.no.	_____
	_____		
e-Mail	_____		

### Member

Last Name	_____	First Name	_____
Date of birth	_____		
Place of birth	_____		
Street, No	_____	Post/ zip code	_____
	_____	City	_____
Tel. no. private	_____	Day tune tel.no.	_____
	_____		
e-Mail	_____		
Name of health insurance	_____		
Insurance:	_ private _ compulsory _ voluntary _ government		

### General Health Record

1. Do you/ did you suffer of any of the following diseases?

(Please check where applicable)

<input type="checkbox"/> Heart attack	date _____
<input type="checkbox"/> Stroke	date _____
<input type="checkbox"/> Paralysis	date _____
<input type="checkbox"/> Blood pressure	_ low _ normal _ high
<input type="checkbox"/> Allergic reaction to medication	which _____
<input type="checkbox"/> Allergies (e.g. hay fever)	which _____
<input type="checkbox"/> Heart murmur	

- |  |                       |
|--|-----------------------|
| 2. Are you wearing a peacemaker            | _ no _ yes            |
| 3. Are you pregnant                        | _ no _ yes week _____ |
| 4. Date of last X-ray                      | approx. _____         |
| 5. Are you taking medications              | _ no _ yes            |
| 6. Bleeding gums                           | _ no _ yes            |
| <input type="checkbox"/> Asthma            |                       |
| <input type="checkbox"/> Diabetes          |                       |
| <input type="checkbox"/> Rheumatism        |                       |
| <input type="checkbox"/> Bleeding disorder | which _____           |

- ☐ HIV-Infection
- ☐ Hepatitis
- ☐ TBC
- ☐ Thyroid malfunction

## Dental Health Record

1. Are you interested in tooth colored Amalgam-Alternatives ☐ yes ☐ no
2. Are you interested in further information on one of the following methods on treatment in modern destistry:
  - ☐ Prophylaxis - healthy teeth for ever
  - ☐ 'smile-make over' - esthetic dentistry
  - ☐ Implants - permanent tooth replacement

To the best of my knowledge, all of the preceding answers are true and correct.

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Date, Signature