Zahnmedizin Carlshöhe
Dr. Sattler • Dr. Kademann

Welcome to our dental practice!

To be able to adapt your treatment to your personal situation, we kindly ask you to answer the medical history form.

Last name, First name	
Address	
Date of Birth	
Contact details	Phone numer (home): Phone number (mobile): E-Mail:
Insurance information	☐ Insured in statutory health insurance ☐ privately insured ☐ additional insurance ☐ other insurance
Legal representative / legal guardian	Last name, First name: Address: Date of Birth:

Diseases:

☐ high blood pressure ☐ pacemaker ☐ heart attack / heart surgery

☐ risk of endocarditis ☐ hepatitis A/B/C ☐ AIDS/HIV

☐ blood clotting disorder ☐ diabetics last HbA1c- value _____ dated _____

Bisphosphonates for: ☐ osteoporosis ☐ tumor disease

Other diseases (for example addictions?):

Do you suffer from:

☐ Gum problems ☐ temporomandibular joint problems ☐ fear of dentist

Are there any allergies to medications (z.B. penicillin) or other substances (squirt)?

What medications do you take regularly? For example blood thinner (please use block letters)

Have you had your teeth x-rayed in the last 2 years? Where were the x-rays taken?

Do you smoke? ☐ **less than 10 cigarettes?** ☐ **more than 10 cigarettes?**

Are you pregnant? Do you breastfeed? ☐ **yes** ☐ **no**

Would you like to be reminded of your next preventive appointment? ☐ **yes** ☐ **no**

How did you hear about us? _____

If you are unable to attend your appointment, please inform us at least 48 hours in advance so that we can make this time available to other patients.

Date, signature of the patient or legal representative: _