

Your health condition

Please answer the following questions. The **red questions** are mandatory. The **green questions** help us to know you better. The better we know you, the better we can take care of you.

name:..... first name:..... age:.....

- my nutrition is** „normal" healthy special diet
- smoking** non-smoking 0 - 10 cigarettes a day > 10 cigarettes a day
- alcohol** I barely/never drink any alcohol I sometimes drink alcohol I frequently drink alcohol

medication I am taking the following medication:

I don't take any medication

diseases I am seeing a general/specialised doctor because of:

Please inform us of any change of your health conditions right away!

- | | |
|--|--|
| <input type="checkbox"/> head/neck surgery | |
| <input type="checkbox"/> allergies against: | |
| <input type="checkbox"/> asthma or lung disease | <input type="checkbox"/> hepatothopathy (liver) |
| <input type="checkbox"/> nephropathy (kidneys) | <input type="checkbox"/> metabolic difficulties (eg. Diabetes) |
| <input type="checkbox"/> thyroid gland disease | <input type="checkbox"/> skin disease |
| <input type="checkbox"/> eye disease | <input type="checkbox"/> neurological disease |
| <input type="checkbox"/> psychological problems / depressions | <input type="checkbox"/> bone disease |
| <input type="checkbox"/> blood disease | <input type="checkbox"/> vascular disease |
| <input type="checkbox"/> infectious diseases such as Hepatitis, AIDS | <input type="checkbox"/> heart problems |

women only: I am pregnant I am breast-feeding menopause

Some more questions:

Date of last X-raymonth/years ago.

- I am content with my teeth yes no unhappy very unhappy
- my gums are bleeding yes no sometimes
- my breath smells bad yes no sometimes
- I snore often never sometimes don't know
- loose teeth /I have lost teeth because of parodontitis yes no don't know
- I grind my teeth and have sore jaw-muscles yes no

- I would like special consultation on:** prophylaxis nutrition
- different filling-materials jaw joint treatment implants children's care
- pregnancy & dental health beauty of my smile snoring/sleep apnea

This practice was recommended by:

Please remind me of my next regular checkup & cleaning appointments yes no

Date:..... Signature:.....

