



ZAHNÄRZTLICHE GEMEINSCHAFTS PRAXIS
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Welcome to our dental office !

Before we focus on your dental concerns it is necessary that we first get some personal informations about your health. This is important for excellent and save treatment. All of this information will be kept confidential.

Personal Informations

Surname, First name	_____	Phone	_____
Date of birth	_____	Mobile	_____
Address	_____	E-Mail	_____
	_____		_____
Insurance	_____	Profession	_____
Membership -Nr.	_____	Employer	_____
		Address	_____

Would you like us to remind you about your next check up?

by phone by mail E-Mail No thank you

We will do our best to keep you from waiting too long before your appointment. This is why we ask that if you must cancel your appointment, to do so at least 24 hours in advance. If you fail to cancel your appointment without prior notice we have to charge you for the appointment.

Please note that emergency cases may be treated between appointments and could cause delays.

General insurance patients: We require your insurance chip card for every visit to the office. If we don't register your card in our system we will assume that you are privately insured and will be private billed.

Date: _____ Signature: _____

Medical concerns

Are you currently being treated by a doctor?

If yes why? _____

General doctor/Specialist: Name address phone number

Which medications do you take regularly?

Are you allergic to any medication at the moment? (Allergic passport?)

Do you have any heart problems?

Irregular heart beats

Heart asthma, Angina

Pacemaker, artificial valves

Others? _____

Circulation problems: High blood pressure

Low blood pressure

Condition after heart attack

Do you take anticoagulants (blood thinners)?

Others? _____

Not controllable disorders: Do you faint?

Do you take any stimulants or sedatives?

Are you addicted to drugs or alcohol?

Did you last have a dental x-ray taken?

When? Where? _____

Pregnancy: If yes, which month? _____

Metabolism: Diabetes

Digestive diseases

Hyper/hypo thyroidism

Nervous system disorder: Epilepsy

Spasm

Others? _____

Blood disorders: Hemophilia

Anemia

Others? _____

Infections: Hepatitis A/B/C

HIV/AIDS

Chronic respiratory problems, coughing

Others? _____

Thank you for your cooperation! Please inform us of any changes to this information.