Zahnarztpraxis Dr. Inge Bülow Kurfürstenstr. 4 52428 Jülich

Patient ..... Date of birth/place.....
First name Last name

Street: ..... Place of residence: .....

Telephone: ..... Mobile: .....

Profession: ..... Employer: .....

Health insurance: ..... Supplementary insurance yes: O Voluntarily insured yes: O

Family doctor: .....

Jointly insured: ..... Date of birth: .....
First name Last name

Street: ..... Place of residence: .....

Dear patient, welcome to our dental practice.

We need information from you about your general state of health and your current complaints. Answering them carefully is a very important prerequisite for gentle and successful treatment. All information is of course subject to medical confidentiality.

	Yes	No
Cardiovascular diseases	O	O .....
Pacemaker	O	O .....
Endocarditis prophylaxis	O	O .....
Asthma, lung disease	O	O .....
Blood clotting disorder	O	O .....
Infectious diseases (Hepatitis, HIV, TB)	O	O .....
Liver/kidney disease	O	O .....
Allergies	O	O .....
Diabetes	O	O .....
Bisphosphonates	O	O Infusion Yes: O
Fainting spells	O	O .....
Epilepsy	O	O .....
Quincke - Oedema	O	O .....
Do you have X-rays?	O	O .....
Do you take medication?	O	O .....
Drug hypersensitivity	O	O .....

Reason for your visit? O Emergency O Remediation O Check-up

Would you like to receive advice?

- professional tooth cleaning / caries prevention
- tooth-coloured ceramic fillings
- gold inlays
- implant consultation
- bleeding gums
- whitening of teeth
- bad breath
- crunch
- sleep/snoring
- Other: .....

Would you like a reminder letter for the next check-up appointment? O Yes O No

O by post O by email/SMS

Who recommended us to you? .....

We thank you for answering our anamnesis form!

Jülich, date ..... Signature.....