



Praxis für Zahnmedizin

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Welcome to the dental office of Mrs. Dr. (UK). med. dent. Barbara Neudorfer

Surname:..... First name:.....

Date of birth:..... Occupation:.....

Address:..... Postcode & Area:.....

Home Telephone:..... Work Telephone:.....

Mobile:..... E-Mail:.....

Dentist:.....

Doctor:.....

Next of Kin:.....

Name of Krankenkasse / Health Insurance:.....

Do you have dental insurance?: Yes No

Are you eligible for welfare aid? Yes No

What is the reason for your visit today?:.....

How did you hear about us?:.....

Dental health:

Do you have regular dental check-ups? Yes ? No

When did you last see a dentist?.....

Have you ever had a dental hygiene appointment? Yes ? No

Have you ever had an adverse reaction to a dental injection? Yes ? No

Have you ever had any problems with any other aspect of dental treatment? Yes ? No

Do you feel anxious about having dental treatment? Yes ? No

General health:

Cardiovascular system:

-High or low blood pressure Yes ? No

-Chest pain / Angina Yes ? No

-Dizziness Yes ? No

-Have you ever had a heart attack Yes ? No

-Have you ever had a stroke Yes ? No

-Do you have a congenital heart defect Yes ? No

-Do you ever had Endokarditis Yes ? No

-Do you have a pacemaker Yes ? No

-Do you have a heart valve replacement Yes ? No

-Other.....

Do you take any anticoagulant medication or have a clotting disorder? Yes ? No

Please turn over!



Respiratory system:

- Sinusitis Yes ? No
- Asthma Yes ? No
- Tuberkulosis Yes ? No
- Do you snore? Yes ? No

Allergic Reactions:

- Penicillin Yes ? No
- Other antibiotics Yes ? No
- NSAIDA Yes ? No
- Iodine Yes ? No
- Metals Yes ? No
- Latex Yes ? No
- Other:.....

Skeletal system:

- Arthritis Yes ? No
- Joint replacement, if yes, since when?..... Yes ? No

Endocrine System:

- Diabetes Yes ? No
- Thyroid disease Yes ? No

Neurological / psychiatric conditions:

- Parkinsons Yes ? No
- Other?.....

Other Conditions:

- Kidney disease Yes ? No
- Gastrointestinal disease Yes ? No
- Liver disease Yes ? No
- Multiple Sklerosis Yes ? No
- Cancer Yes ? No
- Osteoporosis Yes ? No
- congenital disease Yes ? No
- HIV Yes ? No
- Hepatitis B / C Yes ? No
- Other:.....

Do you take any regular medication? Yes ? No

If yes, what?.....

.....

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Are you being, or have been treated with bisphosphonates? Yes ? No

Do you smoke? If yes, how many daily?:..... Yes ? No

For women: Could you be pregnant? Yes ? No

If yes, when is your due date?:.....

I consent to my dental records, x-rays and dental photographs being forwarded to other medical professionals for medical purposes such as second opinions and referrals. These medical professionals are also bound by medical confidentiality.

Date: _____

Signature: _____