Zahnarztpraxis
Dr. Dannenberg & Team
Crown48

Berliner Allee 48
40212 Düsseldorf
Tel.: 0211 5424428-0
Mail: info@crown48.de
www.crown48.de

Medical History Form

last name | first name

street, no. | zip code, city

phone no. | mobile phone no.

e-mail | date of birth

profession

Insurance:

☐ public ☐ private ☐ additional private dental insurance

How did you find us?

☐ Personal recommendation by _____ ☐ search via the internet

☐ Facebook ☐ Instagram ☐ physician rating portal ☐ Google rating

The following questions are of importance for your dental treatment and are for your safety.
Your information will only be used within our practice and is confidential. Please mark with a cross!

Are you currently receiving medical treatment? ☐ yes ☐ no

My general physician is: _____

Do you take any general medication? ☐ yes ☐ no

If yes, which one exactly? _____

Are you allergic / hypersensitive to any substances? ☐ yes ☐ no

☐ antibiotics If yes, to which one exactly? _____

☐ other _____

Do you have any of the following known conditions? ☐ yes ☐ no

☐ diabetes ☐ glaucoma ☐ cataract ☐ rheumatism

☐ liver disease ☐ renal insufficiency ☐ epilepsy ☐ pulmonary disease

☐ other _____

Do you have or have you had any of the infectious diseases listed? ☐ yes ☐ no

☐ hepatitis A ☐ hepatitis B ☐ hepatitis C ☐ HIV ☐ tuberculosis

☐ other _____

Do you have any of the following known cardiovascular diseases? ☐ yes ☐ no

☐ high blood pressure ☐ blood coagulation disorder ☐ heart abnormalities ☐ prior myocardial infarction

☐ myocardial insufficiency ☐ endocarditis ☐ cardiac arrhythmia

☐ heart surgery ☐ cardiac pacemaker ☐ heart valve prosthesis

For women: are you pregnant? ☐ yes ☐ no

If yes, which week? _____

Do you smoke? ☐ yes ☐ no

Do you snore? ☐ yes ☐ no

If yes, does it bother you? ☐ yes ☐ no

Do you grind or clench your teeth? ☐ yes ☐ no

Do you have complaints with the temporomandibular joint? ☐ yes ☐ no

☐ cracks or makes noises and/or ☐ hurts

Do you suffer from bad breath? ☐ yes ☐ no

Are you happy with the shade of your teeth? ☐ yes ☐ no

Do you regularly go for professional dental cleaning? ☐ yes ☐ no

If yes, at which intervals? ☐ 3 months ☐ 6 months ☐ 12 months

Agreed appointments can be canceled at least 24 hours before the appointment. Appointments that are not kept or missed may be billed at an appropriate rate in accordance with § 304 and 615 of the German Civil Code (BGB).

date	signature