



DR. KOENIGSFELD

Case history

patient	_____	_____	_____
	last name	first name	date of birth
member insurd person	_____	_____	_____
	last name	first name	date of birth
address	_____	_____	_____
	street	house number	phone number
	_____	_____	_____
	postal code	city	mobil phone
email address	_____		
profession	_____	_____	
	profession	employer	
health insurance	_____	_____	
	health insurance	supplementary insurance	

Do you have any of the following diseases?	yes	no	supplementary details if necessary
1. Heart diseases or diseases of the circulatory system	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Infectious diseases (i.e. hepatitis, AIDS, HIV, tuberculosis)	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Internal ailments (i.e. diabetes, blood clotting disorder)	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Allergies (also to any kinds of drugs)	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Which drugs do you take currently?	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
6. Other diseases	<input type="checkbox"/>	<input type="checkbox"/>	_____
<hr/>			
7. Are you in pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Are you afraid of treatments?	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Do you smoke? If you do so, how many cigarettes a day?	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Do you want to be reminded of your preventive appointments?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Have you had any x-rays of your jaw area within the last six months? If so, where?	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Did your dentist remit you to our surgery?	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Are you confident with the colour of your teeth?	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Which special concern is the reason for visiting our surgery?			_____

How did you become aware of our surgery? _____

Date

Signature (if you are minor, signature of the legal representative is required)