Reinhold Dental
Medical history

Dear patient!

Welcome to our dental practice! To ensure that your treatment runs smoothly please complete this medical history form carefully. Thank you very much!

Your team at the Reinhold Dental practice

Personal

Surname, first name | Date of birth | Place of birth

Surname, first name of the insured person | Date of birth | Place of birth

Phone / Mobile | E-Mail

Street | ZIP | Location

Profession | Employer

Insurance

Health insurance

☐ Legally insured ☐ Privately insured ☐ Supplementary insurance ☐ Eligible for aid

How did you hear about us?

General health situation

High blood pressure	☐ yes	☐ no
Low blood pressure	☐ yes	☐ no
Blood clotting disorder	☐ yes	☐ no
Stroke	☐ yes	☐ no
Diabetes	☐ yes	☐ no
Heart diseases	☐ yes	☐ no
If so, which ones:		
Thyroid disease	☐ yes	☐ no
Rheumatic diseases	☐ yes	☐ no
Allergies	☐ yes	☐ no
If so, which ones:		

Infectious diseases	☐ yes	☐ no
HIV	☐ yes	☐ no
Hepatitis	☐ yes	☐ no
Tuberculosis	☐ yes	☐ no

Reinhold Dental

Patients

Are you taking medication?	☐ yes	☐ no
Heart medication If so, which ones:	☐ yes	☐ no
Cortisone If so, which ones:	☐ yes	☐ no
Painkillers If so, which ones:	☐ yes	☐ no
Antidepressants If so, which ones:	☐ yes	☐ no
Blood-thinning medication If yes, which ones (e.g. Ace, Marcumar, heparin):	☐ yes	☐ no
Other If so, which ones:	☐ yes	☐ no
Do you have a care level? If so, which one:	☐ yes	☐ no
Do you smoke?	☐ yes	☐ no
Do you snore?	☐ yes	☐ no
Do you grind or clench your teeth?	☐ yes	☐ no
Do you have TMJ or neck problems?	☐ yes	☐ no
Do you have gum problems?	☐ yes	☐ no
Bleeding when brushing your teeth? Gum recession?	☐ yes	☐ no
Are you interested in particularly intensive prevention against tooth decay and gum recession?	☐ yes	☐ no
Are you interested in teeth whitening and front teeth corrections?	☐ yes	☐ no
Are you satisfied with the position of your teeth?	☐ yes	☐ no
Are you pregnant?	☐ yes	☐ no
Are you breastfeeding?	☐ yes	☐ no

EU data protection

Basic Regulation Privacy Policy

With my signature, I consent to the storage and processing of my personal data. In addition, the dental practice may process my collected data electronically. In addition, all necessary medical and personal data may be exchanged by me, insofar as this is necessary for my treatment.

We are an appointment-only practice. In order to keep waiting times as short as possible, we ask you to cancel appointments **at least 24 hours in advance** if you are unable to keep them. In the event of unexcused absence, **the treatment time incurred will be charged** in accordance with § 611.615 sentence 1 BGB (AG Viersen, AZ:17 C 199/05).

Place, date

Signature of patient/legal guardian

Please confirm the accuracy of your information with your signature!

Local anesthesia / local anesthesia

Local anesthesia is used to eliminate the sensation of pain in a limited area. As a result, dental treatments can usually be carried out without pain. Although local anesthesia is a very safe procedure for eliminating pain, side effects can occur in rare cases. **The most common side effects are:**

Hematoma (bruise): Hematomas are caused by injuries to small blood vessels. Bleeding into the surrounding tissue can lead to restricted mouth opening and pain, and in rare cases also to infections.

Restricted roadworthiness: The ability to concentrate and react may be limited due to anesthesia. Active participation in road traffic should be avoided.

Nerve damage: In very rare cases, local anesthesia can lead to irritation of nerve fibers, which is associated with temporary sensory disturbances in the anesthetized area. In very rare cases, these can also be permanent.

Self-harm: Please refrain from eating or consuming hot or very cold food and drinks for as long as the anesthesia lasts to avoid injury, burns or frostbite.

I understood the explanation and my questions were answered to my satisfaction.

Place, date

Signature of patient/legal guardian

Please confirm the accuracy of your information with your signature!