

Patient Questionnaire

Welcome to our dental practice!

Before we take our time to devote ourselves to your dental wishes, we need to gather your personal details and also information about your general state of health. Therefore, please fill out the following questionnaire carefully. All information is subject to medical confidentiality and data protection regulations and will be treated as strictly confidential.

Please also note the information given at the end of this questionnaire. If you have any questions, we will be happy to answer them. Questions marked with * are voluntary.

Last name, first name: b.

Address:

Telephone *

Email:

Family doctor:..... Health insurance:

When alternatively insured: b.

If the patient has **not yet reached the age of 18**, the consent of a parent or guardian is required for treatment (except for acute pain treatment).

Legal guardian / caregiver:

.....

Is there a degree of care? yes no
Care level 1 2 3 4 5

Is there a caregiver?

Name:

Cardiovascular diseases:

High blood pressure yes no
Low blood pressure yes no
Heart valve defect yes no
Heart valve replacement yes no
Pacemaker yes no
Endocarditis (also previous) yes no
heart surgery yes no

Infectious diseases:

HIV infection/stage AIDS yes no
Liver disease yes no
Hepatitis yes no
Tuberculosis yes no
Infectious diseases (e.g. MRSA) yes no
Creutzfeldt-Jakob disease (CJK or vCJK) yes no

Allergies or intolerances:

Local anesthesia yes no
Antibiotics yes no
Painkillers yes no
Metals yes no

If so, which ones?

.....

Thrombosis yes no
Varicose veins yes no
Organ transplant yes no
Stem cell transplant yes no
Do you snore? yes no
Seizure disorders (epilepsy) yes no
Asthma yes no
Lung disease yes no
Blood clotting disorders yes no
Diabetes/diabetes yes no
Drug addiction yes no
Nerve disease yes no
Depression yes no
Anxiety (dentist) yes no
Kidney disease yes no
Fainting spells yes no
Osteoporosis yes no
Smoking yes no
Rheumatism/arthritis yes no
Thyroid disease yes no
Other diseases yes no

If so, which ones?

.....

Other diseases yes no

If so, which ones?

Have you had dental X-rays in the last year?

If so, when?.....

Is there a pregnancy? yes no If so, in which week of pregnancy? SSW

Are you breastfeeding? yes no

What medications are you taking right now?

Medicine: since:

Medicine: since:

Medicine: since:

Do you take/ did you take bisphosphonates? yes no since:

Are you undergoing chemotherapy? yes no since:

Are you undergoing radiotherapy for cancer? yes no since:

Do you take high-dose steroids/immunosuppressants? yes no since:

Have you had any major surgeries in the hospital? yes no since:

Would you like targeted advice? *

Bad breath yes

Bleeding gums yes

Nitrous oxide treatment yes

Influence body on teeth yes

**Blood analysis: amalgam, metals,
plastics, materials** yes

Head and neck problems yes

Dentures / implants yes

Metal-free dentures yes

Teeth whitening yes

Snoring splint yes

I consent to be contacted by the dental practice by phone, sms or e-mail yes no

Would you like a reminder of your semi-annual check-up? * Postcard Email

How did you find out about us? *

Important information:

Your treatment time will be reserved exclusively for you. If you are nevertheless unable to attend, we ask you to cancel the agreed appointment in good time, at least 24 hours in advance.

I have been informed that I can revoke this consent at any time in writing or by e-mail to the practice (Art. 7 para. 3 GDPR).

I agree to the electronic storage of my data (billing software).

Location:, date:

Signature of patient/legal representative:

Education about local anesthesia

Dental local anesthesia (local anesthesia) is used to eliminate pain locally in the tooth, mouth, jaw and face area. It makes it possible to carry out necessary treatments, e.g. fillings, root canal treatments, extractions and operations painlessly. During dental treatments, the sensation of pain occurs through the cranial nerve trigeminal nerve. For anesthesia, therefore, a local anesthetic is given close to smaller nerve fibers (infiltration anesthesia, intraligamentary anesthesia) or close to one of the three main branches (conduction anesthesia). A temporary foreign feeling of the tongue and swallowing, as well as difficulties in speaking, laughing and rinsing and possibly a drooping of the lip are normal. Although local anesthesia is a safe procedure, side effects and intolerances to the substances are possible. This can lead to the following complications, among others:

Hematoma (bruise):

In case of injury to small blood vessels, bleeding can occur into the neighboring tissues. Bleeding into a masticatory muscle can lead to difficult mouth opening and pain, rarely also to infections. As a rule, there is a complete restoration of the function.

Nerve damage:

When conduction anesthesia is performed, irritation of nerve fibers can occur in very rare cases. As a result, temporary or permanent sensory disturbances are possible. In the lower jaw, this can be the corresponding half of the tongue, the lower jaw or lip area. There is no corresponding therapy. Spontaneous healing must be awaited. If your numbness has not completely subsided after a maximum of 12 hours, please let us know.

Road transport:

After local anesthesia and dental treatment, the ability to react and concentrate may be impaired. You should therefore not actively participate in road traffic afterwards.

Self-harm:

Often, adjacent soft tissues of the treated region are also anesthetized. Please avoid food intake as long as this condition persists. Bite injuries, burns and frostbite may occur. Children like to chew on the corresponding side of the cheek. Please pay attention to this.

General:

In case of an incomplete effect, a re-injection may be required.

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

Location:, date:

Signature of patient/legal representative: