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**Gemeinschaftspraxis** Prinzipalmarkt 13/14

 48143 Münster

**Dr. Peter Durynek** Zahnarzt Tel. : 0251 – 4 00 44

**Dr. Simone Stake** Zahnärztin Oralchirurgie Fax.: 0251 – 4 00 46

**Anamnesis Form**

**Dear patient,**

before we talk about your dental wishes, we need some information on your person as well as your general medical condition, since generalised diseases can also have an effect on the dental treatment. Please fill in this questionnaire, it will be added to your personal patient file. As a matter of to the medical confidentiality of our practice.

**Personal data**

Surname possibly maiden name / First name

Date of birth / Place of birth Street / no.

Postcode / City Private phone Mobile phone

Tel. Business E-Mail Occupation

Health insurance company

Are you eligible for benefits? 🔾 yes 🔾 no

**In the case that you are not a health insurance member yourself, who is the insured person?**

Surname / First name Date of birth

Street / no. Postcode / City

**Who is your GP?**

Name Place Phone

**Organisation**

If you cannot keep an appointment, please cancel it at least 24 hours before.

**On our own account**

How did you hear about our practice?

🔾 recommendation ( family / friend ) 🔾 phonebook / trade directory

🔾 internet, website: 🔾 referral from

🔾 others

If we were recommended, did you visit our website beforehand? 🔾 yes 🔾 no

Would you like to be reminded of semi-annual check-up? 🔾 yes 🔾 no

-please turn over - [www.durynek-stake.de](http://www.durynek-stake.de)

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**Anamnesis Form**

**Why do you visit us? You require a … About your heart: do you suffer or have you ever suffered from..**

🔾 routine examination 🔾 new dentures 🔾 an inflammation of heart valves 🔾 angina pectoris

🔾 advice 🔾 “second opinion” 🔾 do you have a pacemaker 🔾 a cardiac infarction

🔾 pain treatment 🔾 other reasons:

 **Drugs – do you take …**

**Are you suffering from acute pains?** 🔾 yes 🔾 no 🔾 heart drugs 🔾 cortisone ( corticoids )

 🔾 pain killers 🔾 antidepressants

**If yes, which kind of pain?** 🔾 blood thinners e.g. Marcumar, ASS?

 🔾 other drugs:

🔾 permanent pain

🔾 teeth react to sweet / sour

🔾 some teeth are temperature-sensitive

🔾 teeth hurt under applied pressure or when chewing

🔾 Teeth also hurt without applied pressure

🔾 pains or inflammation of the gum Have you ever suffered from an intolerance to drugs or injections?

🔾 pains of the jaw / jaw joint 🔾 yes 🔾 no If yes, to which?

**Do you suffer or have you ever suffered from diseases of the …**

Cardio-vascular system 🔾 yes 🔾 no

Liver 🔾 yes 🔾 no

Kidneys 🔾 yes 🔾 no

Thyroid gland 🔾 yes 🔾 no **To our female patients:**

Gastro-intestinal system 🔾 yes 🔾 no

Joints ( rheumatism ) 🔾 yes 🔾 no Are you pregnant 🔾 yes 🔾 no

Spine 🔾 yes 🔾 no If yes, for how many weeks?

**Do you suffer or have you ever suffered from … Finally**

High blood pressure 🔾 yes 🔾 no Do you grind your teeth? 🔾 yes 🔾 no

Low blood pressure 🔾 yes 🔾 no Do you feel emotionally stressed? 🔾 yes 🔾 no

Diabetes 🔾 yes 🔾 no Do you smoke? 🔾 yes 🔾 no

Gum bleeding 🔾 yes 🔾 no Do you nourish yourself low-salt? 🔾 yes 🔾 no

Buzzing in the ears / tinnitus 🔾 yes 🔾 no Do you snore? 🔾 yes 🔾 no

Epilepsy 🔾 yes 🔾 no sleep apnea ( OSA )? 🔾 yes 🔾 no

Glaucoma 🔾 yes 🔾 no

Thyroid disease 🔾 yes 🔾 no **Questions / remarks:**

Rheumatism 🔾 yes 🔾 no

Tuberculosis 🔾 yes 🔾 no

HIV ( Aids ) 🔾 yes 🔾 no

Hepatitis 🔾 yes 🔾 no

If yes, which type? 🔾 A 🔾 B 🔾 C

Allergies 🔾 yes 🔾 no

If yes, please describe

**Other infections / diseases** 🔾 yes 🔾 no

 Date, signature

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