Health-questionary

Dr. med. dent. Lukas Kanzler Beethovenstrasse 7 · 8002 Zürich

Surname: _____ Name: _____ Date of Birth: _____ Recommended by: _____

Street name: _____ City: _____ Marital Status: _____ General practitioner: _____

Profession: _____ Firm: _____ _____ Address: _____

Home Phone #: _____ Business Phone #: _____ Mobile #: _____ _____

Certain general illnesses necessitate precautionary measures to be taken regarding the dental treatment. We ask you to therefore fill out the following questions completely and accurately.

General Health Questions Yes No

Were you in the hospital or did you have any medical treatment, in the past 5 years? ❑ ❑
Are you presently, or in the last several weeks, taking any medication? ❑ ❑
Do you have blood thinning (anti-coagulation)? ❑ ❑
- If so, how high was the last „Quick" level? _____

Do you have, or have you ever had:

- Blood transfusions, blood diseases, been turned away for blood donation? ❑ ❑
- Artificial heart valves? ❑ ❑
- Heart problems, heart attack? ❑ ❑
- High or low blood pressure? ❑ ❑
- Asthma or other lung diseases? ❑ ❑
- Any allergies to medicine, food, materials, pollen, dust, etc? ❑ ❑
- Tumor treatments using medicine or radiation? ❑ ❑
- Hormonal imbalance, hormonal therapies, diabetes? ❑ ❑
- Epilepsie, multiple sclerosis (MS)? ❑ ❑
- Tuberculosis or similar? ❑ ❑

Do you smoke? _____ If yes, what? _____ How often? _____ ❑ ❑
For female patients: Are you pregnant? ❑ ❑

Viral Hepatitis (Jaundice) and AIDS
Are you at risk of having hepatitis or AIDS? ❑ ❑
Have you had tests done for the detection for hepatitis or AIDS? ❑ ❑

Dental Questions Yes No

When was your last visit to a dentist? _____

Have you ever had any problems with previous dental treatments? ❑ ❑
If so, which ones? _____

Reason for the consultation:
- toothache ❑ ❑
- gum ailments ❑ ❑
- check up ❑ ❑
- other _____

Have you ever had any unusual reactions to dental shots / injections? ❑ ❑
Do you grind your teeth? ❑ ❑
Do your gums bleed when brushing your teeth? ❑ ❑
Do you use any other mouth hygiene products besides toothbrush and toothpaste? ❑ ❑
Which ones? _____ How often? _____

I herewith release my dentist from the doctor/patient secrecy (for example, for further inquiries from the general practitioner or hospital and invoicing concerns).

Date: _____ Signature: _____