

Name, Firstname
Date of birth
Address

Occupation
Landline phone number:
Mobile phone number:
E-mail:

How did You find us?

- Internet: Telephonebook By chance Personal recommendation by..... YES

Please answer the following questions about your state of health as precisely as possible!
Your Information could be very important for Your dental treatment and will be kept strictly confidential.

Do you have an ALLERGY against:

- Latex yes no
 Syringes / local anesthesia (ultracain) yes no
 Antibiotics (penicillin, clindamycin, tetracycline) yes no
 Pain reliever (ibuprofen, paracetamol, metamizole) yes no
 Metals :
 Foodstuffs:
 Other allergies:

- Prolonged bleeding time when injured?** yes no
Do you smoke? yes no hardly ever
Could you be pregnant? yes no
 If yes, what month?# Month

- When have been taken radiographs of your teeth ultimately?**
 days ago months ago years ago never

Cardiovascular diseases:

- High blood pressure yes no
 Low blood pressure yes no
 Valvular heart defect/transplant yes no
 Cardiac pacemaker yes no
 Heart surgery yes no
 Endocarditis (risk) yes no

Eye pressure/green star/Glaucoma yes no

Infectious diseases :

- HIV-Infection/AIDS yes no
 Liver disease/Hepatitis yes no
 Tuberculosis yes no
 Infectious disease (i.e.MRSA) yes no
 Creutzfeldt-Jakob-Disease yes no

General illness:

- Epilepsy yes no
 Asthma/Lung disease yes no
 Blood disease yes no
Blood clotting disorder yes no
 Diabetes yes no
 (former) Alcohol abuse yes no
 (former) Drug abuse yes no
 Nerve disease yes no
 Kidney disease yes no
 Fainting fit yes no
 Osteoporosis yes no
 Rheuma/Arthritis yes no
 Thyroid disease yes no
 Organ-/Bone marrow transplant yes no

Other disease: yes no If yes, which is it?

Do you take regularly Meds? yes no

Did you formerly take other Meds regularly? yes no

	Name of the Meds:	Effect/Against:
<input type="checkbox"/> Bloodthinner (I.e. Warfarin, ASS, Heparin, Clopidogrel, Xarelto):		
<input type="checkbox"/> Heartmeds:		
<input type="checkbox"/> Cortison:		
<input type="checkbox"/> Drug reliever:		
<input type="checkbox"/> Antidepressant:		
<input type="checkbox"/> Other:		

Are you beeing treated against osteoporosis? yes no

Did you ever take Bisphosphonates? (I.e. Zometa, Actonel, Alendronat, Diphos) yes no

Have you ever received radiation on the head/neck? yes no

Have you had extensive operations in a hospital? yes no When and what?

Do you have an artificial joint/Endoprosthesis? yes no Since when?

Do you want us to recall you the routine checkup regularly?

- yes no Telephone SMS WhatsApp E-Mail

I assure to have answered all of the above questions to the best of my knowledge and confirm to communicate immediately any change or modification in my state of health that occur while beeing treated here. Furthermore I commit myself to attend agreed appointments respectively to cancel them at least 24h in advance. I am aware that I may be billed for missed appointments without accurately timed excuse.

Date, Place.....

Sign:

Information on data protection and processing in our practice

As part of the treatment of patients, we collect data about you, your insured status and your state of health in our practice. This data is treated in accordance with the data protection regulations.

Responsible for data protection in our practice is:

Dr. med. dent. Gwendolin Wallner, Südliche Ringstraße 4, 91126 Schwabach, Tel: 091222326

Type of data collected:

Patient data: personal information (name, address), health data, insurance data

Purposes of data processing and legal basis for processing:

Fulfillment of the treatment contract, billing to the KZVB, recall system.

The legal basis is e.g. from Art. 6 Para. 1 B GDPR (fulfillment a contract)

Recipient of the data:

KZVB, health insurance companies, third-party laboratories, medical specialties

Duration of data storage or deletion periods:

Records of dental treatment (findings, information sheets, consent, dental treatment data, diagnostic documents, reports, medical reports)

The data is stored for at least 10 years in accordance with Section 630 f (3) BGB. X-rays and recordings of X-ray examinations are stored for 10 years after the last examination in accordance with Section 28 Paragraph 3 Clauses 2 and 3 RöV. Exception: for children and adolescents under the age of 18 up to the age of 28.

We also inform you about your rights as a data subject under the GDPR. As a person affected by data processing, you can assert the following claims: You have a right of information to our practice about which of your personal data will be processed by us. You also have a right to correction, deletion and restriction of processing, as well as a right to object to data processing and a right to data portability. If the data processing is based on your consent, you have the right to withdraw this consent.

If you see an appropriate reason in connection with the processing of your data, you can lodge a complaint with the responsible data protection supervisory authority. The data protection supervisory authority responsible for our dental practice is the Bavarian State Office for Data Protection Supervision, Promenade 27, 91522 Ansbach.

Please note that the data is only for the above purpose to be processed. If the personal data you have collected is processed for another purpose, we will inform you of this separately and inform you of this change in purpose.

I have taken note of the above information on data processing and I agree.

Place

Date

Name

Sign