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ISO 9001:2008 zertifiziert

Dokumentenkennung:
2.00 Anamnesebogen Englisch.doc englisch

Version 1
2016-05-011

Welcome to our dental office!

Before talking about your wishes and worries concerning dental care in detail, we require some information concerning your personal data but also about your state of health. This is important to guarantee a risk free treatment. Of course this information is subject to medical privacy and will be handled with strict confidentiality.

Patient's name (Mr/Mrs/child)	surname	date of birth
Member's name	surname	date of birth
Address	post code/town	e-mail address
Phone (home)	phone (cell)	phone (work)
Insurance [statutory/private]	in the case of private health insurance: allowance [YES / NO]	
Employer's address	occupation	

Dear patient!

For sanitary and ecological reasons we do not use amalgam in our dental office.

We offer you cutting-edge and long-lasting dental care. Do you wish to be informed about possible options for a better dental care, even if it might not be or only partially covered by your insurance?

YES [] NO []

Would you like to be informed about our **methodically structured prophylaxis program**?

YES [] NO []

How did you come to notice our dental office?

[] personal recommendation by _____ [] via the phone book
[] via the internet [] others _____

Information about local anesthesia

I know, that local anesthesia (anesthesia, injections) is accompanied with certain risks and side effects (effusion of blood, mucosal necrosis (dead tissue), vascular lesions, axonal injuries). Axonal injuries can especially occur in the tongue region (nervus lingualis) and the mandibular nerve (nervus mandibularis). Consequences could then be the temporary or permanent loss of the tongue feeling, parts of the lower lip and parts of the upper jaw and also the loss of taste.

I additionally know that there is a decrease in roadworthiness after anesthesia at the dentist.

I was informed of the risks and side effect of local anesthesia.

date signature

General terms and conditions of business

I took note of the **general terms and conditions of business** ("Allgemeine Geschäftsbedingungen") in the waiting room and I agree to them being included in the treatment contract.

It is possible to receive a copy at the front desk.

Please note: We require you to give us at least 24 hours' notice should you need to cancel an appointment.

date signature

Please turn over!



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I agree to contacting my primary physician: YES [] NO []

If YES: **name, address and telephone of your primary physician:**

Please answer the following questions about your state of health as accurately as possible!

Which **medication** do you take regularly?

Do you take anticoagulant medication? YES [] NO []

If YES, why: _____

Do you or did you take bisphosphonates?
 (Osteoporosis, bone tumor, plasmocytoma, Paget's disease (of bone)) YES [] NO []

Do you have an **allergy ID**? YES [] NO []

Could you be **allergic** to:

Local anesthesia / injections	YES []	NO []
Antibiotics	YES []	NO []
Pain medication	YES []	NO []
Others: _____	YES []	NO []

Do you or did you have any of the following **diseases**?

Heart/cardiovascular diseases:

High blood pressure	YES []	NO []
Low blood pressure	YES []	NO []
Heart valve disease/replacement or pacemaker	YES []	NO []
Cardiac insufficiency	YES []	NO []
Cardiac asthma	YES []	NO []
Endocarditis	YES []	NO []
Condition after heart surgery or coronary	YES []	NO []
Others: _____		

Blood clotting disorders :

Anemia	YES []	NO []
Bleeding tendency / hemophilia	YES []	NO []

Infectious diseases:

AIDS/HIV	YES []	NO []
Liver disease / Hepatitis	YES []	NO []
Tuberculosis	YES []	NO []

Epilepsy YES [] NO []

Lung diseases / Asthma YES [] NO []

Diabetes YES [] NO []
 If YES, are you insulin-dependent? YES [] NO []

Renal failure / Dialysis YES [] NO []

Creutzfeld-Jacob disease YES [] NO []

Other diseases: _____

Cigarette consumption

(for assessment of periodontal risk)

Non-smoker	Ex-smoker	up to 10 a Day	11 – 19 a day	more than 20 a day
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If yes: How important would it be for you, to stop smoking?
 (1 = not at all important/ 10 = very important)

1	2	3	4	5	6	7	8	9	10
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Thank you for your assistance! Please immediately report any and all changes!

date

signature