

## ANAMNESE

Surname: \_\_\_\_\_ Given name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ City of birth: \_\_\_\_\_  
Street name, post code, residency: \_\_\_\_\_  
Mobil phone number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Name of the insurance: \_\_\_\_\_ Occupation: \_\_\_\_\_

In the interest of an uncomplicated treatment, I ask for the following information:

(please tick as appropriate)

1. Have you ever had one of the following diseases?

- asthma
- allergic reactions, to which substances:
- heart issues( angina pectoris, heart attack, stroke, pacemaker)
- diabetes (insulin resistance)
- bleeding disorder
- epilepsy, fainting seizures
- do you have infectious diseases (hepatitis, HIV, AIDS )
- tuberculosis
- organ transplant
- heart-pacemaker
- gastro-intestinal disease
- thyroid disease
- gum bleeding

2. Do you smoke, if yes, how many?

3. Did you have any cancer treatments within the last 5 years?

4. Do you take any medication regularly?

5. Are you pregnant?

6. When was the last time you had a dental x-ray?

7. Name and adress of the general physican you are attending?



8. Do you take drugs, if yes, which one?
9. How did you hear about us?
- Google
  - Acquaintance/Friend Please feel free to tell us who it was?
  - Doctolib
  - Instagram
10. Would you like to have whiter and brigther teeth?
- ☺ 1 2 3 4 5 6 7 8 9 10 ☹
11. How much are you satisfied with your dental appearance?
- ☺ 1 2 3 4 5 6 7 8 9 10 ☹
12. Would you like to have more aligned/straighter teeth?
- ☺ 1 2 3 4 5 6 7 8 9 10 ☹
13. Are you snorring in the night or do you have apnoe?
14. Do you have any issues with your joint, or neck and shoulder problems?
- ☺ 1 2 3 4 5 6 7 8 9 10 ☹
15. Do you feel unreasonably tired, exhausted and drained?
- ☺ 1 2 3 4 5 6 7 8 9 10 ☹

All informations are subject to the confidentiality of the doctor and his staff!

I have answered the questions to the best of my knowledge. I am aware that the treatment costs will be charged privately unless the health insurance card is delivered later than 10 days after the treatment.

The practice is conducted according to the ordering system. If you are unable to attend an agreed appointment, please cancel it at least 24 hours in advance in order to avoid charging a cancellation fee.

Date:..... Signiture:.....

Your feedback is important to us. We welcome comments, requests or google reviews.



**Your practice team**

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