Dr. Ron Tehsmer
CityZahn.de
Dentists
Group Practice

Registration form

Patient

Family Name .....
First Name .....
Date of birth .....
Address .....
.....
.....
Phone / private .....
Phone / work .....
Mobile phone .....
E-Mail.....
Profession .....
Employer .....

Assured person

Family Name .....
First Name.....
Date of birth.....
Address .....
.....
.....

Assurance

Statutory health insurance ❑ Private insurance ❑ (only basic rate?) ❑ Allowance ❑ Additional insurance ❑

Information on your current health

	yes	no			ja	nein
Cardiovascurlar disease	❑	❑		Pregnancy	❑	❑
Hypertension	❑	❑		Infectious disease	❑	❑
Hypotension	❑	❑		Blood disease	❑	❑
Drug hypersensitivity	❑	❑	_____	HIV pos. / AIDS	❑	❑
Fainding tendency	❑	❑		Thyroid disease	❑	❑
Allergy	❑	❑	_____	Diabetes	❑	❑
Migraine	❑	❑				
Pain in shoulders or spinal column	❑	❑		Do you feel like your teeth do not fit to each other?	❑	❑
Headache frequently	❑	❑				
Tinnitus	❑	❑		Pain of Masticatory muscle	❑	❑
Grinding / pressing of teeth	❑	❑		Problems with Temporomandibular joint	❑	❑

PLEASE FILL IN THE REVERSE SIDE AS WELL.

Special questioning

What's the current matter of your appointment?

General check-up	❑
Pain	❑
Bleeding of gum	❑
Defects of dentures	❑
New dentures necessary	❑
Consultation desired	❑
Aesthetic improvement desired	❑
Other reasons	❑

We developed a Recall-System to remind our patients of their appointments. If you are **NOT INTERESTED** in taking part in this system, please mark a cross. ❑

Do you have a family doctor?

If yes:

Name .....

Phone number .....

How did you took notice of our practice?

.....

Comment: All information is subject to professional medical secrecy and to the regulations on the protection of the privacy of personal data and treated strictly confidential. No external person will get access to your data without permission.

Private treatment is accounted with a private bill in case of a missing insurance card. The card or treatment form has to be presented within 10 days after the appointment. If you can't make it, please cancel the appointment within 24 hours before it's due. Otherwise you have to pay for the wasted time (§§ 304, 615 BGB).

Date ..... Signature .....

Thank you for answering our questions.