

Dr. Mirco Kmitta	Internes Dokument	Dok Nr.	QS-ID-002
	Anamnesbogen Englisch	Stand	April 2019
		Revision	002

Anamnesic Arches

Name:..... Adress.....
 Birth Name: Born on:
 E-Mail..... Private Telephone):
 Job: (Business):
 Family Doctor:.....

Please answer the following questions regarding their state of health possible! The revelations are definitely confidential doctor to the safety regulations of the information and it will stay definitely confidential.

Herz-/circulatory illnesses:

Hypertension yes no pacemaker yes no
 low blood pressure yes no Endocarditis yes no
 valves of the heart not yes no corzon operations yes no
 substitution of cardiac valve yes no

Epilepsy yes no narcotic addiction yes no
asthma enfermedad/pulmo yes no
illness of the vervios yes no
disorders of the coagulation of the blood yes no
renal illness yes no
Diabetes yes no
do not convulse faints yes no
illness of the osteoporosis yes no not/ smoker yes no
illness of the thyroid gland yes no
rheumatism / arthritis yes no
illness of the fibrosis quistica yes no
transplant of organs yes no
ortas endermedades:.....

Do you take drugs?

If so, which?

Blood-diluting drugs?

If so which ?

Infectious illnesses:

Allergies or quarrelsomeness:

HIV-Infektion/stage AIDS yes no local anaesthesia / sputter yes no
Liver illness / hepatitis yes no antibiotics yes no
Tuberculosis yes no painkiller yes no
Infection illnesses Metals:.....
(e. g. , MRSA) yes no latex yes no
Other:

Please, turn



There is a pregnancy? yes no
If so, which month?

Have dental-medical X-rays been already made with you?

If so, when?

Have you recently undergone major operations?

If so, which?

You are satisfied with teh color of your teeth? yes no

I agree with the electronic storage and processing for the fulfillment of the contractual obligation

yes no

I agree to the inclusion in the Recall system

yes no

I agree with the inspection of my patient card by further treating dentists

yes no

I undertake to inform you immediately of any changes that occur during the entire treatment period. Furthermore, i undertake to comply with agreed deadlines or to cancel 24 hours bevor the deadline. I am aware that deadlines that have not been cancelled or not cancelled att all can be invoiced.

Date

Signature.....

Date

Signature.....