

Anamnestic questionnaire

The questionnaire is a part of patient's documentation. These data are treated and protected according to the medical secret principle.

Personal data

Surname..... Name..... Title.....

Date of birth..... Personal ID number..... Health insurance company.....

Address Nationality.....

Telephone number..... E-mail.....

Contact person in case we need to leave a message for you (doctor illness, change of the appointment, etc.):

Name and surname..... Telephone no..... E-mail.....

Health status - Mark or fill in the answer:

- Long term medication:.....
- Allergies:.....
- Drug intolerance:.....
- Heart diseases (angina pectoris, heart-attack, pacemaker, congenital heart defects, artificial heart valves):.....
- High or low blood pressure, specify:.....
- Blood diseases (anemia, leukemia, tendency to bleed)
- Diabetes mellitus, specify the type:.....
- Infectious diseases (HIV, hepatitis A, B, C, tuberculosis, sexually transmitted diseases):.....
- Asthma, or other respiratory illness:.....
- Neurological illness (eg.epilepsy):
- Psychiatric conditions:.....
- Eye illness (eg. glaucoma, cataract).....
- Cancer (in past as well).....
- Immune disorders.....
- Any other diseases, treatment, surgical procedures:.....
- Sudden events during dental treatment in the past:.....
- Have you ever suffered a head or teeth injury?.....

Do you smoke? YES NO

Last visit to a dentist (treatment or preventive check-up):

Have you ever undergone dental hygiene treatment?

Have you ever had orthodontic treatment? YES NO

How did you learn about us? (circle) www recommendation others

Preferred contact (circle) SMS e-mail telephone

I agree to be contacted about news, changes and/or confirmations of appointments: YES NO

I agree with the processing of personal data according to the European Parliament and EU Council Regulation 2016/679, GDPR Directive 95/46 / EC as part of the treatment (e.g. sending X-rays to collaborating specialized workplaces): YES NO

I hereby agree to receive informational messages about appointment scheduling.

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