

Health Questions for Patients

Name, Surname _____

Date of Birth _____

Address
(Street, City...) _____

Phone _____

Mobil _____

E-Mail _____

How are you insured?

privat insurance state insurance
non-insured

Doctors details:

Name _____

Address _____

Telephone _____

Do you suffer from any of the following?

Heart or blood pressure problems yes
if yes, which _____

Diabetes Type I yes Type II yes

Osteoporosis yes

Eye problems (e.g. glaucoma) yes
if yes, which _____

Asthma yes

Chronic bronchitis yes

Blood coagulation disorders yes

Blood diseases yes

Zahnärzte

Martina Jonscher
Dr. Sebastian Jonscher

Anschrift:

Hans-Otto-Str. 42B
10407 Berlin

Sprechzeiten:

Mo / Mi / Do
09.00 – 19.00 Uhr
Di 08.00 – 19.00 Uhr
Fr 08.00 – 14.00 Uhr

Telefon:

030 / 42 13 779

Fax:

030 / 49 85 53 10

E-Mail:

willkommen@praxis-jonscher.de

Internet:

www.praxis-jonscher.de

Bankverbindung:

Deutsche Bank 24
Kto.-Nr.: 7533516
BLZ: 100 700 24

Name _____

Any infection diseases (TBC, HIV, Hepatitis, although it was in the past) yes
if yes, which _____

Rheumatism yes

Arthritis yes

Any other diseases (please write down anything you think it is important) yes

Did you further have chemotherapy yes

Did you further have radiotherapy yes

Are you regularly taking medicines / tablets yes
if yes, Which _____

Do you smoke? yes how much _____

Do you drink alcohol? yes often regular rare

Are there any X-Rays of the last 2 years? yes

To realize a regular precaution we established a recall-service for our patients. Would you like us to notify you? yes

by mail by E-Mail by Telephone

How you hear about us?

Note

To reduce waiting we only work with appointments. For that we please you to cancel your appointment early enough, so we can guarantee a smooth process in our praxis.

I confirm the correctness of my entries

Date

Name