Praxis Jonscher

nde – Parodontologie – Implantologie

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

Wir danken Ihnen für Ihr Vertrauen und freuen uns über ein Wiedersehen

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 E-Mail

How you hear about us?

_____

Note!

Dear patient,

to reduce waiting time and guarantee a smooth process in our praxis we only work with appointments. For that we please you to come punctual or, if necessary, to cancel your appointment at least 24h ago. In accordance with §§ 615, 293 BGB we reserve to bill a cancelation fee about 60 € per half an hour and 80% for dental cleaning.

I confirm the correctness of my entries and I agree to the described action.

_____ _____
Date Name

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