Schütz Dental
Praxis für allgemeine Zahnmedizin,
Oralchirurgie, Implantologie und Dentalhygiene

Welcome to our practice

We would like you to answer the following questions. These will give us information about your general state of health and your needs. The answers are of great importance for a successful and risk-free treatment. All information is subject to medical confidentiality. Thank you very much.

Name:	First name:
Street/No.:	Postcode, Place of Residence:
Date of birth:	E-Mail:
Mobile phone number:	Landline phone number:
Occupation:	

Cost unit: ○ Self-payer ○ Social assistance ○ Supplementary benefits

Health insurance: Family doctor:

Reason for consultation:

Recommended by:

How do you wish correspondence (invoices/cost estimates)?: ○ **by post** ○ **by e-mail**

Your state of health as well as the intake of medication may have an influence on the dental treatment. We therefore ask you to fill in the following questions truthfully.

	YES	NO
Have you been in hospital or under medical treatment in the last 3 months?	○	○
Do you regularly take medication?	○	○
If yes, which ones?____		
Do you take anticuagulants or suffer from a blood disorder?	○	○
Do you suffer from a cardiovascular disease (e.g. endocarditis, angina pectoris)?	○	○
Is your blood pressure elevated?	○	○
Do you have or have you ever had any of the infectious diseases listed?		
Hepatitis (If yes, which ones?___________________________)	○	○
HIV	○	○
Tuberculosis	○	○
Have you ever had any unusual reaction (allergy etc.) to food, injections, medicines or dental materials?	○	○
If yes, which ones?____		

Please also fill in the questions on the reverse side ->

	YES	NO
Have you ever had radiation therapy and/or chemotherapy? chemotherapy?	○	○
Do you wear joint prostheses, pacemakers or other implants?	○	○
Do you suffer from a metabolic disease (e.g. thyroid disease. diabetes)?	○	○
Do you suffer from epilepsy?	○	○
Do you have a liver or kidney disease?	○	○
Do you suffer from rheumatism or osteoporosis?	○	○
Do you smoke?	○	○
*If so, how much?*____		
Do you suffer from bad breath or bad breath?	○	○
Do you grind your teeth or have temporomandibular joint problems?	○	○
Are you satisfied with the appearance of your teeth?	○	○
Do you suffer from dental anxiety?	○	○
For women: Are you currently pregnant?	○	○

Consent to data processing / transmission

With your signature you confirm that you have truthfully completed this questionnaire and agree to the processing of your data, access to the data by the dentist and the transfer of the data to third parties (e.g. other doctors, insurance companies, authorities, dental laboratories, software providers, IT service providers, financial service providers and others). Furthermore, you give your consent that you release the dentist from medical secrecy in order to assert his/her fee claim.
You agree that direct communication between the dental practice and you regarding administrative and dental matters may take place in unencrypted e-mail communication. You are aware of the risks involved and understand that unencrypted e-mails are not secure and there are risks that such e-mails could be read by unauthorised third parties.
With your signature you confirm that you have taken note of the detailed information on data protection at Schütz Dental on the information sheet "Patient information on handling your personal data" (posted in the waiting room and available on the practice homepage) and that you hereby consent to the processing/transmission of your data.

Our taxpoint value is CHF 1.25.

Agreed appointments are binding. If you cannot keep an appointment, please let us know at least 24 hours in advance. We will charge for appointments that are not cancelled in time.

We thank you for your valuable cooperation and your trust!

Date: Signature: