Name: Date of birth: Dear patients!			Health	questionnaire			
Your visits to the doctor should be as pleasant as possible! At our surgery, you will receive optimal and individual dental advice and treatment! For this reason, however, we require precise information about your general state of health and all medicines that you are taking. You answers will be treated confidentially. They are subject to the obligation of medical secrecy and data protection regulations and will be used exclusively in connection with the treatment in our surgery! Do you have any questions? We will be pleased to help you complete the form! GP/specialist: Telephone Please indicate with a cross all current and/or overcome illnesses/anomalies. Heart In o yes Heart attack When Heart pains Heart defect Gardiac insufficiency Breathing difficulties during physical activity In Myocardial disease Cardiac dysrhythmia Valvular infection/ defect Heart valve replacement Pacemaker/impl. Defibrillator Heart operation What kind of heart medicine do you take: Vessels In o yes Stroke When Thrombosis Embolism Circulatory disorder What kind of medicine do you take: Circulatory system In o yes High blood pressure/hypertension Low blood pressure/hypertension	Name:						
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What kind of medicine do you take: Circulatory system □ no □ yes □ High blood pressure/hypertension □ Low blood pressure/							
Circulatory system □ no □ yes □ High blood pressure/hypertension □ Low blood pressure/				•			
□ Low blood pressure/	Cinavilata mu avata m		-	•			
•	Circulatory system	⊔ по	⊔ yes				
Hypotension				•			
□ Fainting spells/collapse				• •			
What kind of medicine do you take:		What kir	nd of medicine				
□ no □ yes □ Pneumonia		□ no	□ ves	□ Pneumonia			

□ Bronchial asthma

□ Allergic asthma

Lungs and respiratory

system

			□ Tuberculosis			
			☐ Chronic bronchitis, COPD			
			□ Sleep apnoea			
	What kind of medicine do you take:					
Allergies/	□ no	□ yes	□ Medicines			
hypersensitivity			□ Lactose/fructose/			
			milk sugar			
			□ Latex			
			□ Other:			
Kidneys	□ no	□ yes	□ Kidney inflammation/			
			insufficiency			
			Dialysis: on which days:			
			□Mo □Tu □We □Th □Fr □Sa□Su			
			□ Registered for transplantation			
	What kir	nd of medicine	do you take:			
Liver	□ no	□ yes	□ Hepatitis □ A □ B □ C			
			□ Fatty liver			
			□ Liver dysfunction			
	What kir	nd of medicine	do you take:			
Metabolism	□ no	□ yes	□ Diabetes mellitus □ Type1 □ Type2			
			□ Insulin			
			□ Oral medicines			
			□ Diet			
			□ Overactive thyroid			
			□ Underactive thyroid			
			□ Goitre			
	What kir	nd of medicine	do you take:			
Blood	□ no	□ yes	☐ Coagulation disorder			
			□ Bruises, nosebleed			
			□ Secondary bleeding after operations			
			□ Blood cancer, e.g. leukaemia			
			□ Anaemia			
	What kir	nd of medicine	do you take:			
Nerves and mood	□ no	□ yes	□ Seizures			
			□ Paralyses			
			□ Mental disability			
			□ Parkinson's disease			
			□ Depression			
			□ Dementia			
			□ Anxiety			
	□ Stress					
	What kind of medicine do you take:					

□ Dry cough

Gastrointestinal tract	□ no	□ yes	□ Ulcer□ Indigestion, reflux disease				
			☐ Halitosis (bad breath)				
	What kind of medicine do you take:						
Skeletal system	□ no	□ yes	□ Joint disease				
			□ Backache				
			□ Muscular disease				
			□ Physical disability				
			Wheelchair/ walking frame				
			□ Osteoporosis				
	What kii	nd of medicine	do you take:				
Infection	□ no	□ yes	☐ Influenza, flu-like infection				
			□ HIV infection				
			□ Aphthae				
			☐ Lip herpes				
			□ Shingles				
	What kind of medicine do you take:						
Eyes	□ no	□ yes	□ Visual impairment				
			□ Cataract				
			□ Glaucoma				
	What kii	nd of medicine	do you take:				
Other illnesses/	□ no	□ yes	□ Tumour illness				
anomalies			□ Rheumatic illnesses				
			□ Transplants				
	What kii	nd of medicine	do you take:				
Smoking	□ no	□ yes	How many on average per day				
Alcohol	□ no	□ yes	□ occasionally				
			□ regularly 				
Drugs	□ no	□ yes	□ occasionally	Which			
Duamana			□ regularly				
Pregnancy	□ no	□ yes	Which week				
Important: Please indicat	te all kinds o	f medicine you	take, including homeopathic medicines, col	ntraceptive pill, etc.			
Signature			Date				