DOK23
KINDERZAHNHEILKUNDE

MEDICAL HISTORY FORM

(Please fill in blockletters)

Zahnarztpraxis
Dr. med. dent. Christina Overbeck, M.Sc
Master of Science Kinderzahnheilkunde

GENERAL INFORMATION ABOUT YOUR CHILD/PATIENT

Surname | Name | Date of birth

Adress | Postal code/ City

Phone Mother | Phone Father

BY WHICH PERSON THE CHILD IS INSURED?

Surname | Name | Date of birth

Adress | Postal code/ City

Phone | Email

Profession | Employer

Health insurance | ☐ eligible for aid | at | %

☐ additional insured | Name of insurance

Paediatrician | Phone

Your child joins
☐ Kindergarden
☐ School
☐ Different place

DOES ANY OF THE FOLLOWING DISEASES APPLY TO YOUR CHILD?

- ☐ Asthma
- ☐ Chronic Bronchitis
- ☐ Kidney Disease
- ☐ Spasticity
- ☐ Developmentally Delayed
- ☐ Methabolic Disease
- ☐ Sugar Disease
- ☐ Thyroid Disaese
- ☐ Liver Disease
- ☐ Learning Disability
- ☐ Autism
- ☐ Muscle Disease
- ☐ Epilepsy
- ☐ Hearing Impairments
- ☐ Lung Disease
- ☐ ADHS
- ☐ Blood Clotting Disorder

☐ Other

Further on the back – Please turn!

DO OR DOES YOUR CHILD HAVE A DISEASE OF THE HEART?

☐ YES ☐ NO

☐ congentital or acquired heart defekt ☐ Heart Surgery

☐ Heart Passport ☐ other

ARE THERE OTHER DISEASES?

☐ YES ☐ NO If yes, please list

DOES YOUR CHILD HAVE ANY ALLERGIES?

☐ YES ☐ NO If yes, please list

IS YOUR CHILD TAKING ANY MEDICATIONS?

☐ YES ☐ NO If yes, please list

WERE THERE ANY PROBLEMS DURING PREGNANCY?

☐ YES ☐ NO If yes, in wich week?

REASON FOR TODAY'S VISIT TO THE DENTIST?

IS YOUR CHILD AFRAID OF THE DENTIST?

☐ YES ☐ NO If yes, what is your child most afraid of?

HAS YOUR CHILD BAD EXPERIENCE WITH DENTISTs:

☐ Pain ☐ Hold on ☐ Syringe ☐ False promises

☐ Other incidents If yes, please list

IF YOUR CHILD IS UNDERGOING ORTHODONTIC TREATMENT?

☐ YES ☐ NO If yes, name of the orthodontist

SUCKING HABITS? ☐ Dummy ☐ Thumbs ☐ None

DOES YOUR CHILD BREATHE MAINLY THROUGH THE MOUTH? ☐ YES ☐ NO

WHAT ELSE SHOULD WE KNOW?

TO WHOM MAY WE SAY THANK YOU FOR VISITING OUR PRACTICE?

We are an order practice. For this reason, we would like to ask you to cancel an appointment in good time, as this is a great favour to us and our patients. In case of non-appearance without prior cancellation, we can no longer grant fixed appointments for organisational reasons. Downtimes will be charged according to §§ 615 SATZ BGB, 287 ZPO.

Date Signature/Legal Guardian