VICARI
Zahnarztpraxis

Patient
Woman / Man / Child

Name First Name

Street Number

Postcode Place

Date of Birth Mail

Phone-Number Mobile

Payer *

Name First Name

Street Number

Postcode Place

Date of Birth Phone-Number

Insurance

□ private Insurance

□ member of a statutory health Insurance

□ additional Insurance

Job oft the payer* Employer

Adress oft the employer (Street, Place, Telefon)

For your medical chart we request the following information which of course fall under the doctor-patient-privacy-act. Please contact us if there are any changes in your state of health or your private contact details.

1. Do/Did you have any of these following deseas?

   a) Serious breathlessness □ yes □ no

   b) Allergic reaction like hay fever □ yes □ no

   c) Drug incompatibility □ yes □ no

   which one? _____

   d) Blood pressure □ high □ normal □ low

   Blood pressure reading? _____

   e) □ Stroke □ Paralysis
   □ Cardiac infarction or Cardiac disease □ no

   when? _____

   f) □ Icterus □ Liver Diseas

   □ HIV-Infection □ no

   when? _____

   g) Diabetis □ yes □ no

   h) Rheumatism □ yes □ no

   i) Blood diseas □ yes □ no
   Coagulopathy □ yes □ no

   j) Circulatory diseas □ yes □ no

   k) Nephropathy diseas □ yes □ no

   l) Thyroids diseas □ yes □ no

   m) Epilepsy □ yes □ no

   n) Dry Alcoholic □ yes □ no

2. Do you have a cardiac pacemaker? □ yes □ no

3. Do you suffer from gum bleeding? □ yes □ no

4. When has been your last X-Ray examination? _____

5. Do you take presently / regulary drugs? □ yes □ no

   Which drugs? _____

6. Pregnancy? □ unsure □ yes □ no

In which week? _____

7. Other information / other diseas

_____

_____

_____

_____

May we remind you of your Check-Up Appointments? □ yes □ no

Do you have any wishes concerning your treatment?

_____

_____

Do you like to get an advice concerning Dental Health?

_____

_____

What advised you of us?

□ Internet □ Doctolib

□ Newspaper

□ Advice of who? _____

□ Others _____

Dear patient,
in order to minimize waiting time we run our practice with an appointment making system. If you are not able to keep your appointment, we would kindly ask you to cancel it 24 hours in advance. Otherwise we will have to charge you for the procedures and the unused time. If you get your appointment at short notice, waiting time might occur. Also, in case of an emergency we can only offer you an emergency treatment.

Important for members of statutory health insurance schemes:
Please submit the medical insurance card at least ten days after the beginning of treatment. If not, we will have to bill you privately.
With my signature I check the correctness and completeness of my information.

_____ _____

Date Sign of the payer*

* Payer = Recipient invoice, with legal coindured set the patient up, with minor the legal representive