HEALTH QUESTIONNAIRE

DOCTOR MELCHIOR & TEAM
ZAHNÄRZTE IM MEDIAPARK

surname _____ first name _____ date of birth/city _____

Dear patients,
you are optimally and individually advised and treated with dental medicine at our surgery! For this, we need accurate information about your current state of health and all medications you take. With your answers, we will deal confidentially. They are subject to medical confidentiality as well as to data protection and serve exclusively for the treatment in our surgery!

Diseases

family doctor _____ phone _____

Contact for further information?

○ yes ○ no

Have or had you any of these diseases?

	yes	no		yes	no
heart attack	○	○	tuberculosis	○	○
stents / bypass	○	○	tumor diseases / cancer	○	○
angina pectoris	○	○	metabolic disease	○	○
endocarditis	○	○	thyroid disease	○	○
heart valve replacement	○	○	diabetes	○	○
arrhythmia	○	○	rheumatism	○	○
high blood pressure	○	○	ostheoporosis	○	○
low blood pressure	○	○	HIV	○	○
heart pacemaker / defibrillator	○	○	head or neck pain	○	○
Do you have a heart passport?	○	○	migraine	○	○
stroke	○	○	depression / anxiety	○	○
bronchial asthma	○	○	hepatitis A, B or C	○	○

Allergies? which substances? _____

○ yes ○ no

Are there any other diseases? _____

○ yes ○ no

Do you take any medication?

○ yes ○ no

Yes? Which one? _____

Do you have a medication list?

○ yes ○ no

Are you pregnant?

○ yes ○ no

Do you smoke?

○ yes ○ no

_____
Cologne date of

_____
Signature