



Registration Form

Patient			
Surname	First Name	Date of Birth	
Family member insured			
Surname	First Name	Date of Birth	Health Insurance
Address		Subsidy Office	
Postal Code	Town	Postal Code	Telephone
Employer		Profession	
Are you entitled to receive the German health care allowance for public servants?			
Were we recommended to you by someone?			

Do you have an acute dental problem?
If so, what is the problem? **yes** **no**

Do you take tranquilizers or sedatives? **yes** **no**

Do you take any medication regularly?
If so, what medication and for what reason? **yes** **no**

Do you have a heart pacemaker? **yes** **no**

For female patients: are you pregnant?
If so, how many months? If a pregnancy should develop in the course of the treatment, please notify us immediately. **yes** **no**

Are you suffering from any medical condition which is not being treated at present?
If so, please explain the circumstances. **yes** **no**

Have you had an x-ray or been given an x-ray treatment during the last 12 months?
If so, for what reason? **yes** **no**

Have you ever suffered from any of the following illnesses: hepatitis, tuberculosis, allergies? If so, when did they occur? **yes** **no**

Do you wish to be given a local anaesthetic? **yes** **no**

Do you bleed longer or do cuts take longer to heal than is normal: **yes** **no**

Our office procedure is based on a appointment system. That means that you will not have to wait at all or only a very short time; at the appointment time reserved for you we will be completely at your disposal. It would be a great help for us, if you could inform us 24 hours in advance, if possible, if you are unable to keep your appointment.

Are you hypersensitive to any medications? **yes** **no**

Date

Signature
