	UniversitätsKlinikum Düsseld - Westdeutsche Kieferklinik Department of Oral Surgery	-	
	Surname		
Patient questionr	naire		
The answers to the	e following questions are of great importance for your treatment. If you have to contact the dentist on duty.	any	
	hether the following topics are applicable to you:	Yes	No
<ol> <li>Did any accider</li> </ol>	nt occur at work or at school?		
<ol><li>Has there been</li></ol>	any change in your general health within the past year		
or did you loose weight significantly?			
Have you been in medical treatment lately?			
•	tor? Your dentist?		
Do you take any medical drugs regularly?			
	ame them on the back of this form.		
5. Are there any allergy tendencies (incompatibilities)?			
6. Do you have any heart disease, cardiac defect or any complaint in the region of the heart?			
7. Do you have hypertension? (Do you know your blood pressure?			
•	cardiac pacemaker?		
9. Did you or do you have any respiratory ailment or lung disease (asthma, tuberculosis)?			
10. Are you diabetic?			
11. Do you have any blood coagulation deficiencies or prolonged bleeding at injuries?			
<ul><li>12. Do you have any thyroid gland disease? hyperfunction □ hypofunction □</li><li>13. Do you or did you have any nephropathy?</li></ul>			
14. Do you or did you have any liver disease (icterus, hepatitis A, - B, - C)?			
15. Did you have any blackout, faint or seizure (apoplexy, epilepsy)?			
16. Do you have		u	
17. Did you have an acute rheumatic fever?			_
18. Do you need any antibiotics before dental treatment?			
19. Do you have any infectious disease?			_
20. Have you ever been tested for HIV (AIDS)?			
21. Do you suffer from any discomfort or disease not mentioned here?			
22. Females: Are you pregnant or is there any possibility of being pregnant?			
23. You come	- for consultation		
	- for emergency treatment		
	- for sanitation (extensive treatment in our dental policlinics)		
	- because of referral of		
24. Have you been in dental treatment last year?			
Your remarks, con	nplements, requests:		
Date	Signature		

überprüft/aktualisiert: Datum: . . . . . . Behandler: . . . . . . . . . . .