Zahnarztpraxis Loos

Dr. René Loos
Wartburgstraße 84
09126 Chemnitz
Tel. 0371 - 5 21 28 90
Fax 0371 - 5 60 76 733
praxis@drloos.de

Patient Data Sheet

Patient:

Family Name, First Name	Date of Birth
Street Address	Zip, City, Country
Phone/Cell Phone	E-Mail
Insurance Company Name	

Family Doctor - Name, Address, Phone

If insured person is differing from patient mentioned above please fill in:

Family Name, First Name (insured person)	Date of Birth
Street Address	Zip, City, Country

Please answer the following questions regarding your state of health as exactly as possible:

Cardiovascular Diseases:

Hypertension	☐ yes ☐ no
Hypotension	☐ yes ☐ no
Valvular Heart Disease/Defect	☐ yes ☐ no
Endocarditis	☐ yes ☐ no
Heart Surgery	☐ yes ☐ no
Pacemaker	☐ yes ☐ no

Infectious Diseases:

HIV	☐ yes ☐ no
Hepatitis	☐ yes ☐ no
Tuberculosis	☐ yes ☐ no
other	

Allergies / Intolerances:

Local Anesthetics	☐ yes ☐ no
Analgesics	☐ yes ☐ no
Antibiotics	☐ yes ☐ no
other	

Further Diseases:

Coagulation Diseases	☐ yes ☐ no
Asthma	☐ yes ☐ no
Rheumatism	☐ yes ☐ no
Epilepsy	☐ yes ☐ no
Diabetes	☐ yes ☐ no
Nephropathy	☐ yes ☐ no
Fainting	☐ yes ☐ no
other	

General Data:

X-Rays taken before	☐ yes ☐ no
	Date?
Gravidity/Pregnancy	☐ yes ☐ no
Smoker	☐ yes ☐ no
Regular Medication/Drugs	☐ yes ☐ no
	Name?

Important Information:

- All information is subject to professional medical secrecy and to the regulations on the protection of the privacy of personal data and treated strictly confidential. I agree to those data being saved and processed electronically.
- I engage myself to inform you immediatelly about all changes occuring during the period of treatment.

☐ I agree, just before important appointments via SMS / e-mail to be reminded of this.

I certify with my signature that I have read
and understand all above printed information.

Patient Signature and Parent/Legal Guardian Signature