

**Dr. med. dent. Sonja Preußer
Zahnärztin**

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Registration form

Last name: _____	member (if not the patient)
First name: _____	Last name: _____
Date of birth: _____	First name: _____
Address: _____	Address: _____
Phone : _____	
Occupation: _____	In case of private payment please send the invoice to:
Employer: _____	Name: _____
	Address: _____
Health insurance: _____	
(private/statutory)	

Medical history, general details:

Are you currently under medical treatment? yes no
Which one? _____

Family doctor: _____

Are you on any regular medication? yes no
Which one? _____

Do you suffer from any allergy or are you sensitive to some metals or pharmaceuticals? yes no
Which? _____

Do injuries bleed longer than normal ? yes no
Is there any cardiovascular disease? yes no
Do or did you suffer from one of the following diseases/infections?:
Tuberculosis, Hepatitis, AIDS, HIV? yes no
Do you suffer from diabetes? yes no
Is there any kind of thyroid disease? yes no
Do you suffer from asthma? yes no
Are you pregnant? yes no

Special details:

Are you suffering from tooth ache? <input type="radio"/> yes <input type="radio"/> no	Do you grind your teeth? <input type="radio"/> yes <input type="radio"/> no
Do your gums bleed sometimes? <input type="radio"/> yes <input type="radio"/> no	Is your jaw joint snapping? <input type="radio"/> yes <input type="radio"/> no
Do you suffer from receding gums ? <input type="radio"/> yes <input type="radio"/> no	Have you had any x-rays recently? <input type="radio"/> yes <input type="radio"/> no
Are there any loose teeth? <input type="radio"/> yes <input type="radio"/> no	

Are you satisfied with aesthetics of your teeth? yes no
Do you want to benefit from our intensive preventive programme to avoid dental caries and periodontal disease? yes no

Do you wish advice about:

Caries preventive measures aesthetic dentistry dental implants

tooth-coloured and other filling alternatives?

Do you wish an injection for drilling? yes no
Would you like to be reminded of your routine dental check-up and prophylaxis treatments yes no
How did you learn about our dental surgery? _____

To avoid long waiting times for all patients please be on time when you have an appointment and if you cannot come please call at least 24 hours before your appointment. Otherwise **we appologize that it is neccessary to invoice you 49 euro every 30 minutes. This does not apply if you miss the appointment without any fault on your part.** Please advise the reasons in written form.

With my signature I ensure that I filled the form truthfully. I will inform my dentist about all changes immediately.

Köln,

(date, signature)# _____