

Practice Dr. Jennifer Plath

*Welcome to our practice!
Before we dedicate to the orthodontic problem,
we need besides to your personal data also information of your state of health.
This is important for an accurate treatment planning and therapy!*

Patient

_____	_____
Given Name	Surname
_____	_____
Street	Date of Birth / Place of Birth
_____	_____
Post Code City	Telephone / Mobile phone

Policyholder

_____	_____
Given Name	Surname
_____	_____
Street	Date of Birth
_____	_____
Post Code City	Telephone / Mobile phone

Adresse wie oben

_____	_____
Street	Date of Birth
_____	_____
Post Code City	Telephone / Mobile phone
_____	_____
	E-Mail
_____	_____
Employer	Provider of statutory health insurance / Office
_____	_____
Privately insured	Insurance company / Beihilfe / Basic rate

Attending dentist:

What reasons lead to today's advice?

Dentist's referral Recommendation of the schooldentist Own decision Desire of parents

- | | | |
|---|--------------------------|---|
| Has an orthodontic examination already taken place? | <input type="radio"/> no | <input type="radio"/> yes, at Dr. _____ |
| Past or current orthodontic treatment? | <input type="radio"/> no | <input type="radio"/> yes, at Dr. _____ |
| Do siblings receive orthodontic treatment? | <input type="radio"/> no | <input type="radio"/> yes |
| Did an orthodontic treatment of the parents take place? | <input type="radio"/> no | <input type="radio"/> yes |
| Is or was your child undergoing logopedic or occupational treatment ? | <input type="radio"/> no | <input type="radio"/> yes |
| Have there been accidents involving teeth? | <input type="radio"/> no | <input type="radio"/> yes |
| Was sucked conspicuously long? | <input type="radio"/> no | <input type="radio"/> yes |

Please read through all questions and mark with a cross.

Have the following diseases/symptoms occurred?

	No	Yes
1 Heart defect /Heart murmurs / Heart disease	<input type="radio"/>	<input type="radio"/>
2 Asthma or lung disease	<input type="radio"/>	<input type="radio"/>
3 Respiratory difficulties for example polyps	<input type="radio"/>	<input type="radio"/>
4 Learning disability or language disorders	<input type="radio"/>	<input type="radio"/>
5 Mental disability or language disorders	<input type="radio"/>	<input type="radio"/>
6 Liver or renal disease	<input type="radio"/>	<input type="radio"/>
7 Ever had epileptic seizures or febrile convulsions	<input type="radio"/>	<input type="radio"/>
8 Spasticity or altered muscle tone	<input type="radio"/>	<input type="radio"/>
9 Hearing problems or deafness	<input type="radio"/>	<input type="radio"/>
10 Poor eyesight or blindness	<input type="radio"/>	<input type="radio"/>
11 Infectious diseases such as hepatitis, tuberculosis, HIV	<input type="radio"/>	<input type="radio"/>
12 Metabolic diseases or diabetes	<input type="radio"/>	<input type="radio"/>
13 Tumors or malignant diseases	<input type="radio"/>	<input type="radio"/>

please turn over

- 14 Blood disorders O O
- 15 Congenital diseases O O
- 16 Do you / your child suffer from other diseases O O
- 17 Allergies e.g. against drugs, food, costume jewelry O O

X-ray examination : dental no yes, last about.....

general no yes, last about

Are you pregnant? no yes

Are medications being taken? no yes,

Payment Obligation

I undertake to assume the costs to be borne by me.

Letter of Acceptance

I consent to the treatment taking place in a room in which another patient is being treated at the same time.

I consent to the treating dentist being informed about the diagnosis and the therapy.

I consent to the examination (of my child).

I consent to the making of necessary x-rays.

Education / Knowledge:

**Also a scientific-conscientious treatment cannot exclude completely:
Root absorptions, caries, decalcification, hypersensitivity and/or change in teeth / periodontium.**

Do you have special questions or problems? Make your notes here:

.....

.....

.....

How did you get to know about us?

- Referral from dentist
- Recommendation family / friends
- Internet
- Others

Date

Signature of the legal guardian