

Dear patients!

Welcome to our office! By answering the following questions you enable us to make a careful analysis.

Your information will of course be treated confidentially. Thank you.

ANAMNESIS FOR ADULTS

Patients last name, first name:

Date of birth: Female Male

Address:

Home phone: Mobile phone:

E-mail: Profession:

Are we allowed to contact you at work? Yes No Business phone:

Health insurance

Private health insurance: Company name:

Compulsory health insurance: Company name:

Family insured by: Name and date of birth:

Name of your attending dentist:

Who may we thank for this referral/recommendation?

Have you already been orthodontically treated? No Yes Where?

Did you already ask for another orthodontist's advice? No Yes Where?

Have you recently been x-rayed? No Yes Region?

Do you have one of the following diseases?

Heart diseases Diabetes Infections Colds

Epilepsy Blood disorders Hepatitis

Allergies to?

Other diseases

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BLANKENFELDE.MAHLow Bahnhofstraße 4 · 15831 Mahlow · Telefon 03379 - 31 49 90

E-Mail info@adentics.de · Internet www.adentics.de

- Are you on any medication? No Yes Which?
- Is there any history of trauma to the head, face or teeth? No Yes When?
- Are you pregnant? No Yes
- Do you grind/clench your teeth at night? No Yes
- Do you snore? No Yes

What do you expect of our orthodontic treatment?

- straightened teeth longer lifetime of my teeth better masticatory ability
 better appearance better articulation/pronunciation pain elimination

Concerning your tooth/jaw position, what bothers you the most?
.....
.....

Please give us sufficient note if any of the information above changes!

I give my consent to be reminded of appointments by e-mail or text message. I affirm the completeness and accuracy by my signature:

Berlin, date
(patients signature)