ZAHNARZTPRAXIS SCHÄF

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Medical history questionnaire for children

Dear parents,

Please fill out the following admission form carefully and as completely as possible.

If you are unable to answer a question, we will be happy to assist you.

Child

Surname / first name ____________________

Address ____________________ Postcode / place ____________________

Date of birth ____________________ Place of birth ____________________

Hobbies, favourite films, favourite toy or the like ____________________

Child's doctor / GP ____________________

Insurance holder

Insurance provider ____________________

Surname / first name ____________________ Date of birth ____________________

Address ____________________ Postcode / place ____________________

Parent / carer / guardian

Surname / first name ____________________ Date of birth ____________________

Address ____________________ Postcode / place ____________________

Phone number ____________________

Organisational details

We are an appointment-based practice – that means we reserve the time for your appointment specially for you. So we ask that you cancel appointments you are unable to keep 24 hours beforehand at the latest – otherwise you may be charged for the costs arising from your failure to appear.

About us

How did you find out about our practice?

❍ Recommendation from friends, acquaintances, family ❍ Child's doctor ❍ Phone book / business directory ❍ Day care

❍ Online portal, e.g. jameda: ____________________ ❍ Other: ____________________

Did you look at our website before your visit? ❍ yes ❍ no

Would you like to receive a reminder about your child's appointment? ❍ no yes, by ❍ text ❍ email ❍ phone

CHILD'S MEDICAL HISTORY

Questions on dental health

When did your child first go to the dentist? ____________________ And when was the last time? ____________________

Are they afraid of the dentist? ❍ yes ❍ no

Has your child already been X-rayed in the jaw / dental area? ❍ yes ❍ no

If yes, when and which teeth? ____________________

Has your child had any tooth accidents? ❍ yes ❍ no

If yes, how old were they, and which teeth? ____________________

Does your child have any habits like …

Sucking their thumb?	❍ yes	❍ no
Lisping?	❍ yes	❍ no
Tongue pressing or cheek pressing?	❍ yes	❍ no
Biting their lips?	❍ yes	❍ no
Using a dummy / pacifier?	❍ yes	❍ no
Consistently open mouth?	❍ yes	❍ no
Consistently breathing through their mouth?	❍ yes	❍ no

QUESTIONS ON YOUR CHILD'S GENERAL HEALTH

Does your child suffer from any of the following illnesses?

Allergies? ❍ yes ❍ no

If yes, which? (Please also specify any drug intolerances.)

____

Infectious diseases? ❍ yes ❍ no

If yes, which?

____

Thyroid diseases? ❍ yes ❍ no

If yes, which?

____

Other illnesses? ❍ yes ❍ no

If yes, which?

____

Cardiovascular diseases? ❍ yes ❍ no

If yes, which?

____

Blood diseases? ❍ yes ❍ no

If yes, which?

____

Diabetes? ❍ yes ❍ no

Does your child currently or regularly take medication? If yes, which? ❍ yes ❍ no

____

Does your child have any prosthetic joints, e.g. an artificial knee or hip joint? ❍ yes ❍ no
If yes, what precisely?

____

Has your child broken any bones in the area of the mouth, jaw and face? ❍ yes ❍ no If yes, where? ______________________

In rare cases, using local anaesthetic in the lower jaw area can lead to irritation of the nerves in the lower jaw. This can manifest itself as persistent numbness in the lips and tongue over days/weeks. The dentist has no influence on this, it is a result of each individual patient's anatomical conditions.

By signing, I consent to the treatment, and to the use of my patient data by the treating dentists at the Schäf dental practice.

I hereby consent to my personal data being stored by the practice for check-ups. I have been informed that I can withdraw my consent at any time in writing or by sending an email to the practice (article 7, para. 3 of the GDPR).

I understand that withdrawing my consent at any time does not affect the legality of the data processed based on my consent up until the point it was revoked (article 7, para. 3, clause 2 of the GDPR).

I have filled out this questionnaire to the best of my knowledge and belief, and confirm the completeness and accuracy of the information with my signature. I will advise you of any changes promptly.

____

Date Signature

If only one parent is signing: I hereby affirm that I have sole custody rights, or that I am acting with the consent of the other parent:

____

Date Signature