

Englisch

# registration- and health form

Patient: .....  
Surname first name date of birth

Policy holder: .....  
Surname first name date of birth

Address: .....  
Street No telephone  
.....  
Postal code town Country

Health insurance: .....

Profession/ employer: .....

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

**heart/ cardiovascular diseases:**

- hypertension yes no
- valvular defect yes no
- cardiovalvular replacement yes no
- pacemaker yes no
- endocarditis yes no
- heart surgery yes no

**infectious diseases:**

- AIDS yes no
- hepatitis yes no
- tuberculosis yes no

- convulsive seizures (epilepsy) yes no
- asthma/ lung diseases yes no
- coagulation diseases yes no
- diabetes mellitus yes no
- drug addiction yes no
- nephropathy yes no
- fainting fits yes no

**allergies or intolerances:**

- local anaesthesia/injections yes no
- antibiotics yes no
- analgesics yes no

metals .....

**other diseases:** .....

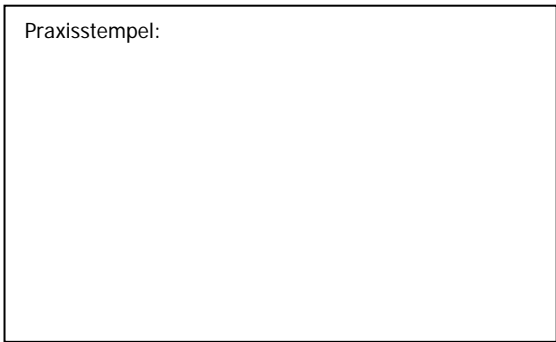
**Are you pregnant?**  yes  no

**Which drugs do you take regularly or at present?**

.....  
I commit myself to immediately inform you of all changes that occur during the entire period of treatment.

....., the .....  
signature

Praxisstempel:



Notizen:

