

Gemeinschaftspraxis

Dr. Hancock ★ dr. med. dent. Lappy

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Welcome

last name	first name	nickname
date of birth	sex	hobbies
street/ house number	postal code/ place	phone number/ mobile
mother (first and last name)	title	date of birth
father (first and last name)	title	date of birth
How is your child insured, by whom?	□ compulsorily □ private	□ mother □ father
Name of health insurance		
pediatrician: name addi	ress	phone
How did you notice us?		
□ doctor/ friends	□ internet/ phone book	other
Would you like to be reminded one	day before your agreed date?	yes□ no□
Would you like to be included in ou	ır recall- system for regular che	ck ups?yes□ no□
I have carefully read and understoomy knowledge.	od the health questionnaire and	d answered the questions to the best of
München, am		
signature of mother/ father or legal guardian	signature	of dentist

If you are unable to attend an appointment, please cancel 24 hours in advance. In the case of unforeseen missed appointments, we reserve the right to charge a default fee. Your child is also looking forward to a quick date!-

General health questions

2. Is your child vaccinated against tetanus? 3. Was/ is your child ill with one of the following diseases? Please tick the appropriate box! blood disease (e.g. anemia, leukemia, hemophilia) cardiac disease congenital heart defect congenital heart defect cardiac disease congenital heart defect congenital heart def	1.Are allergies known to your child? if so, which?		yes□ no□
blood disease (e.g. anemia, leukemia, hemophilia) cardiac disease congenital heart defect epilepsy fever convulsions hearing problems deafness deafness deafness deafness pulmonary disease asthma infectious disease (e.g. HIV, hepatitis, tuberculosis) liver disease gastro-intestinal disease diabetes diabetes diabetes mental handicap diabetes mental handicap diabetes fiso, which?			yes□ no□
neurodermatitis hearing problems defect of vision blindness spasticity pulmonary disease asthma infectious disease (e.g. HIV, hepatitis, tuberculosis) liver disease gastro-intestinal disease diabetes other metabolic disease fiso, which? stokengeral diseases fiso, which? stokengeral diseases fiso, which? stokengeral diseases fiso, which? stokengeral diseases fiso, which? stokengeral disease fiso, which? stokengeral disease fiso, which? stokengeral diseases yes no fiso, which? stokengeral disease yes no yes no stokengeral disease yes no yes no yes no	□ blood disease (e.g. anemia, leu□ cardiac disease	kemia, hemophilia) ☐ congenital heart defect	ate box!
hearing problems		☐ fever convulsions	
defect of vision blindness spasticity pulmonary disease asthma infectious disease (e.g. HIV, hepatitis, tuberculosis) liver disease diabetes other metabolic disease diabetes diabetes other metabolic disease diabetes other metabolic disease fi so, which? yes no if so, where an anesthetic? yes no if so, where an anesthetic? yes no if so, which? yes no if so, in which form? pills / fluoride salt / toothpaste / fluoride gel 15. How does your child be the steff / buttlef salt / toothpaste / fluoride gel 15. How does your child be the salt of your child? yes no if so, what was your child afraid of? yes no yes no yes no if so, what was your child? yes no yes no if so, what was your child? yes no yes no if so, what was your child? yes no yes no if so, what was your child? yes no yes no yes no yes no yes no if so, what was your child? yes no			
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18. Is it the first dental visit for your child?	16. Did your child ever have an accident that a 17. What is the reason for today's dental visit.	affected their teeth?	yes□ no□
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