



DENTALPRAXIS IM JOHANNISCONTOR
HAMIDE FARSHI

Medical history form

Patient

Last name, Name : _____
Date of birth : _____ Birthplace : _____
Street : _____
ZIP Code : _____ Place of residence: _____
Mobile Phone Nr. : _____
E-Mail : _____

Insured

Last Name, Name : _____
Date of birth : _____ Birthplace : _____
Street : _____
ZIP Code : _____ Place of residence: _____
Mobile Phone Nr. : _____
E-Mail : _____

How comfortable do you feel with your smile?

1 2 3 4 5 6 7 8 9 10
Very uncomfortable Very comfortable

Information about your health insurance

statutory: _____

voluntary insurance compulsorily

Private: _____

Registration for our free services

Good oral hygiene and regular prophylaxis are the best guarantees for healthy teeth. Therefore we highly recommend that you regularly use our control examination and tooth cleaning service.

We would be happy to reach you and offer you regular appointments, you don't have to remember by yourself when the next control examination and tooth cleaning service is back.

Free Appointment-Service yes no

Are you interested in useful informations about your dental health? We will be happy to provide you with information in our monthly newsletter.

Free Newsletter-Service yes no

Information regarding the patient's medical condition

Have you had any of the following diseases?

Severe shortness of breath

Hepatitis A B C

Diabetes

Rheumatism

Seizure disorders (Epilepsy)

Blood diseases

Thyroid disorders

Blood clotting disorders

HIV- Infection

Heart attack, if so, when _____

Tuberculosis

Stroke, if so,when _____

Liver diseases

Paralysis, if so, please specify _____

Do you wear a pacemaker? if so, how long _____

Problems to fall asleep or staying asleep

Allergic reactions

Which? _____

Other diseases? _____

Diseases, problems with:

Stomach & intestines Blood pressure

Heart & cycle Stress

Lungs & Bronchi Joints

Skin & Mucous membranes Headaches

Liver & pancreas Psyche

Consumption of

Cigarettes No Yes How much: _____
Coffee, tea No Yes How much: _____
Narcotics No Yes How much: _____
Sleeping pills No Yes How much: _____

Do you regularly take any medication?

Yes, _____ No

Are you pregnant?

Yes, _____ Month No

Here we would like to ask you tot o answer some general questiones.

Which wishes and expectations do you have regarding our treatment?

How would you assess your current dental situation?

How would you assess your current general state of health?

How many children unser 18 years live in your household? And how old are they?

Is there any specific reason why you have chosen our practice?

General questionnaire to determine functional disorders of the temporomandibular system (TMD, Temporomandibular dysfunction)

	Yes	No
Do you feel that your bite is not correct?	<input type="radio"/>	<input type="radio"/>
Is your lower jaw limited in mobility?	<input type="radio"/>	<input type="radio"/>
Do you suffer from pain in your ear and jaw joint region?	<input type="radio"/>	<input type="radio"/>
Do you notice any cracking or grating noises while opening or closing your mouth or chewing?	<input type="radio"/>	<input type="radio"/>
Do you have tension in your neck and/ or shoulder muscles?	<input type="radio"/>	<input type="radio"/>
Do you grate or gnash your teeth?	<input type="radio"/>	<input type="radio"/>
Do you suffer from headaches or migraines?	<input type="radio"/>	<input type="radio"/>
Do you suffer from tinnitus or ringing in the ears?	<input type="radio"/>	<input type="radio"/>
Do you have balance problems or dizziness?	<input type="radio"/>	<input type="radio"/>
Do you have temperature-sensitive teeth and/ or exposed necks of the teeth?	<input type="radio"/>	<input type="radio"/>

Confirmation of health informations

I hereby confirm that the above information about my state of health is correct or that I have given it to the best of my knowledge and belief.

Date

Signature of Patient/ Insured

Communication by E-Mail

Less paper already the environment. Therefore, we are happy to communicate with you by e-mail. We ask for your express consent for this, as we cannot guarantee that e-mail communications cannot be viewed by unauthorized third parties, even in compliance with the highest security standards.

I hereby expressly agree to the communication between me and the dental practice in Johanniscontor – Dr. Hamide Farshi . This consent also includes correspondence containing personal health data. I am aware that this correspondence cannot be guaranteed by unauthorized third parties.

Date

Signature of Patient/ Insured

Declarations of consent in accordance with the General Data Protection Regulation (GDPR) for personal data

The protection of your personal data is important to us. According to the EU General Data Protection Regulation (GDPR), we are obliged to inform you about the purpose for which our practice collects, stores, processes or forwards data.

I agree that Dentalpraxis im Johanniscontor - Dr. Hamide Farshi - Große Johannisstr. 19 in 20457 Hamburg, collect, store and process my personal data. The data processing takes place on the basis of legal requirements in order to fulfill the treatment contract between you and your dentist and the associated obligations. For this we process your personal data, in particular your health data. This includes anamnesis, diagnoses, therapy proposals and findings that we or other doctors collect. For these purposes, other dentists, doctors or psychotherapists, physiotherapists, speech therapists, etc., with whom you are receiving treatment, can provide us with data (e.g. in ordinations, referrals, doctor's letters, etc.). The collection of health data is a prerequisite for your treatment. If the necessary information is not provided, careful handling cannot take place.

We only transfer your personal data to third parties if this is necessary and permitted by law or if you have given your consent. Recipients of your personal data can primarily be other dentists, doctors or psychotherapists, physiotherapists, speech therapists, dental technicians, the Association of Statutory Health Insurance Dentists, aid agencies, private health insurances, statutory health insurances, experts, the medical service of the health insurance, the dental association and private (dental) medical clearing houses as well Be a tax advisor and the financial administration. The transmission takes place mainly to coordinate dental and interdisciplinary issues relating to your general or your dental health, to bill for the services provided to you, to clarify questions that arise from your insurance relationship.

I am aware that I can revoke this consent at any time without giving reasons for the future by contacting the Dentalpraxis im Johanniscontor - Dr. Hamide Farshi - Große Johannisstr. 19 in 20457 Hamburg by post or by e-mail mail@hamidefarshi.de to inform me of my revocation of the processing of my personal data. The Dentalpraxis im Johanniscontor - Dr. Hamide Farshi - points out that you have the right to information, correction, deletion, restriction of processing, data portability (Art. 15-21 DS-GVO), as well as to complain to a supervisory authority (Art. 77 DS-GVO) .

Date

Signature of Patient/ Insured

Appointments and cancellations

If you are not able to make an agreed upon appointment, we kindly request that you inform us promptly (at least 24 hours in advance). This would then give us an opportunity to reschedule and potentially avoid downtime.

For fixed appointments which you fail to make without notifying us, we will charge a cancellation fee in the amount of 75,00 EUR. This rule also applies to the agreed dates for professional dental cleaning. (However, this does not apply for no-shows which are clearly not the fault of the patient.)

Date

Signature of Patient/ Insured