ZTK ZAHNGESUNDHEIT

Dein Lächeln. Unser Antrieb.

WELCOME TO OUR DENTAL OFFICE OF THE »ZTK ZAHNGESUNDHEIT«

We would like to gather information from our patients in relation to any feedback, concerns or requirements. Therefore, please answer the following questions as completely as possible. All information is strictly private and is protected by doctor-patient confidentiality.
Should you have any questions, please do not hesitate to ask a team member for assistance.

Each treatment requires plenty of human resources and organisational work. Therefore please inform us regarding any changes to your appointment with at least 24 hours notice of your scheduled appointment time. Without sufficient notice, we may be required to charge you a cancellation fee.

Please complete the entire form.
Your team at ZTK ZAHNGESUNDHEIT

How do you know us?

- ☐ Personal recommendatioin
- ☐ Google search
- ☐ Facebook
- ☐ Instagram
- ☐ E-Appointment (Doctolib, Dr. Flex)
- ☐ Website banner
- ☐ Radio / TV / Cinema
- ☐ Advertisement in the newspaper
- ☐ Posters / Flyer / Outdoor Advertising
- ☐ Office Sign
- ☐ Giveaways
- ☐ Other:

REGISTRATION

Last Name

First Name

Address

Postal Code / City

Date of Birth

Phone

E-Mail

Mobile

Are you actually working? ☐ yes ☐ no

If so, are you ☐ employed ☐ self employed

Profession

Employer

Address

Postal Code / City

Phone at the office

I am ☐ Retired ☐ Student

HEALTH-INSURANCE

How are you insured? ☐ compulsory insurance ☐ voluntarily insured ☐ additionally insured ☐ family insurance

Are you privately insured? ☐ yes ☐ no

Do you have a base rate? ☐ ja ☐ nein

Is there a care level? ☐ yes ☐ no

If yes, which?

Is there an integration help § 54 SGB XII? ☐ yes ☐ no

Name of Member

Date of Birth

For direct accounting – Bill to:

Name of bill payer

Date of Birth

Address

Postal Code / City

PLEASE TURN

MEDICAL HISTORY

How satisfied are you actually with your smile? ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

1 = very dissatisfied — 5 = so so — 10 = very satisfied

Did you come only because of pain?	☐ yes	☐ no
Would you like to be reminded of your appointment date? (We contact you by phone / e-mail / mail)	☐ yes	☐ no
Professional cleaning keeps up your natural teeth demonstrably longer. Is this interesting for you?	☐ yes	☐ no

Have you ever had any of the following symptoms in the past?

Gum bleeding	☐ yes	☐ no
Agomphiasis (loosening of teeth)	☐ yes	☐ no
Pain at your temporomandibular joint and/or tensions in your chew muscles	☐ yes	☐ no
Pain in your face and/or your ears	☐ yes	☐ no
Acute toothache	☐ yes	☐ no

Do you currently or have you ever had any of the following concerns?

Allergic reactions and/or hypersensitivity	☐ yes	☐ no
Heart-, circulatory diseases	☐ yes	☐ no
Icterus, infection diseases, HIV	☐ yes	☐ no
Diabetes	☐ yes	☐ no
Bone diseases	☐ yes	☐ no
Bleeding disorders	☐ yes	☐ no
Drug intolerance	☐ yes	☐ no
Rheumatic diseases	☐ yes	☐ no
Other diseases	☐ yes	☐ no

If so, please specify

Are you currently taking any medications?	☐ yes	☐ no

If so, please specify

Do you – or did you take drugs in the past? (Cannabis, Crystal Meth, Heroin, Cocaine)	☐ yes	☐ no
Have you ever received treatment involving bisphosphonates?	☐ yes	☐ no
Have x-rays of your head area recently been taken?	☐ yes	☐ no
Do you have an x-ray record card?	☐ yes	☐ no
Are you pregnant?	☐ yes	☐ no

Other?

Please inform us of any change to your health circumstances and contact details.
Your information may be stored electronically by us. They are subject to medical confidentiality and data protection. More Information on data protection is available upon request.

I am informed and agree, that the necessary treatment and cost plans as well as dental fee bills can be processed by an external billing office. In this respect, I agree to the disclosure of the necessary data and release all dentists and doctors from their professional secrecy. The secrecy obligation for the accounting office remains. ☐ yes

I am informed and agree, that my personal data can be used for the following purposes:

1. Sending of print and online newsletters (e.g. on company information, new ZTK offers) or greeting and birthday cards. ☐ yes
2. Contact by employees of ZTK ZAHNGESUNDHEIT GmbH by e-mail, SMS, WhatsApp message, phone, letter e.g. for making appointments and reminder service for recurring preventive examinations (»Recall«). ☐ yes

This consent can be revoked for the future in written form by post or e-mail to info@ztk-zahngesundheit.de at any time.

Place, Date

Signature