



MEDICAL HISTORY

General diseases affect the health of your teeth, your gums and your jaw. We keep all information about you confidential. We only ask for information about your general health so we can provide you with a high standard of dental care. Thank you for your cooperation.

1. Infections, tonsillitis

2. Cardiovascular system

3. Respiratory system, lungs, sinuses

4. Digestive organs, liver and gallbladder

5. Metabolic disorders

6. Allergies, skin

7. Kidneys, bladder, abdomen

8. Psychological problems (with therapy?)

9. Rheumatic or chronic diseases

10. Hormonal disorders

11. Specific problems, other diseases or surgeries

12. Drug hypersensitivity to

13. Which medications are you currently taking?

14. Per day cups of coffee cigarettes alcohol sweets

DENTAL HISTORY

15. What is the reason for your visit to our practice today?

16. Do you grind or clench your teeth?

17. Do you have difficulties/discomfort when chewing?

18. Do you have bleeding and/or receding gums?

19. Do you have clicking, popping or grating sounds in the jaw? On which side?

20. Do you sometimes experience pain in front, behind or in your ears?

21. Do you suffer from headaches in the morning, afternoon, evening?

22. Do you suffer from cramping or tension in the head, neck or shoulder area?

23. Does your mouth sometimes feel dry? Do you sometimes experience a burning sensation in your mouth?

24. Do you sometimes find it difficult to close your mouth due to overcrowding teeth?

25. Have you ever had discomfort in the head or neck after an accident?

26. Have you ever had orthodontic treatment?

27. Do the above complaints affect your comfort or performance?

28. When was your last dental visit and what treatment was done?

PERSONAL INFORMATION

First name | Surname | Date of birth

Health insurance policy holder | Date of birth

Tel. landline / mobile) | E-mail:

Health insurer

Supplementary health insurance

Eligible for "Beihilfe" (assist. scheme f. civil servants)

Voluntary medical insurance

Postcode / City or town of residence

Street

Occupation

Work phone number

Recommendation

HOW YOUR DATA IS PROCESSED

1. Name and contact details of the data controller and, if applicable, the company's data protection officer

This privacy policy applies to data processing by: Zahnärzte Falkenried, Lehmweg 17, 20251 Hamburg, Germany
The company data protection officer can be contacted as follows: datenschutzbeauftragter@zahnaerztfalkenried.de

2. Collection and storage of personal data and the nature and purpose of their use

If you discuss contractual matters with us, or if you enter into a contract with us, we collect the following information: Title, first name, surname, birth name if applicable, date of birth, e-mail address (which we also use for reminding you of appointments until you revoke your consent), address, telephone number, information required for asserting our claims. This data is collected in order to identify you as our business partner, for correspondence with you, and for invoicing purposes. This data processing takes place at your request and is required for the purposes stated in Article 6 (1)(1)(b) of GDPR.

3. Transfer of personal data to third parties

Your personal data is not transferred to third parties for purposes other than those listed below.
Insofar as this is necessary (per Article 6 (1)(1)(b) of GDPR) for entering into a contract with you, your personal data will be passed on to third parties, who will be obligated by us in accordance with the provisions of GDPR to handle your data securely.

4. Data subjects' rights

Regarding your rights, we refer you to our website www.zahnaerztfalkenried.de and the explanations under the Privacy Policy link (see section X). If you do not have access to the internet, we will gladly provide you with the data protection declaration as a paper printout on request.

Location/Date

Signature of Patient / Legal Representative*

ZAHNÄRZTE FALKENRIED


Lehmweg 17

20251 Hamburg, Germany

CONSULTATION HOURS

Monday to Friday 7.30 – 19.00

 00 (49) 40. 42 10 10 - 0

 00 (49) 40. 42 10 10 - 42

 info@zahnaerztfalkenried.de

 www.zahnaerztfalkenried.de

* For minors / totally or partially physically or mentally incapacitated adults