



Application form „Kinderzahn Bogenhausen“

General informations:

Patient surname _____ first name _____
nickname _____ date of birth _____

Address _____

Mother surname _____ first name _____ date of birth _____
profession _____ company _____
phone: home: _____ business: _____
mobile: _____ email: _____

Father surname _____ first name _____ date of birth _____
profession _____ company _____
phone: home: _____ business: _____
mobile: _____ email: _____

Who is the legal guardian? both () father () mother () other () _____

How is your child insured? private health insurance () statutory health insurance ()
voluntary statutory health insurance ()

name of health insurance company: _____

name of pediatrician: _____

address: _____

name of kindergarten or school: _____

Dental Anamnesis:

yes no

What is the reason for your visit today? _____

() () Does your child have toothache?

() () Did your child already see a dentist?

name of the dentist _____

() () Did your child already have a negative experience with a dentist?

() () Does your child suck on a pacifier or thumb?

() () Does your child have an accident, which injured the mouth or face?

() () Does your child have orthodontic treatment?

name of orthodontist _____

address: _____

Nutrition habits:

yes no

() () Did you nurse your child? If so, how long? _____

() () Did you or do you let your child drink from a bottle?

To what age? _____ At what time? morning () evening () night ()

What was/ is in the bottle? _____

What does your child mostly drink nowadays? _____

() () Does your child eat a lot of candy?

Does your child use fluoriding toothpaste (), fluoriding table salt (), fluorid tablets ()

How often do you brush your child`s teeth? _____



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Anamnesis:

yes no

Did you detect the following diseases/ symptoms on your child:

cardiac conditions, defects or murmurs? Cardiac record card since: _____

diabetes or metabolic diseases?

compounded respiration, asthma or pulmonary diseases?

bad blood coagulation or other hemic diseases?

liver or kidney diseases?

strong febrile seizures or other epileptic seizures?

modified tonicidity or spastic seizures?

learning weakness or speaking problems?

hearing problems or deafness?

mental impairments or handicaps?

genetic diseases? If so, which? _____

infectious diseases (e.g. hepatitis, tuberculosis, HIV)?

If so, please specify _____

other diseases? If so, which? _____

Has your child had a tetanus shot?

Does your child regularly use medication?

If so, which? _____

is your child allergic?

If so, to what? _____

What kind of hobbies has your child? _____

Does your child have a favorite toy? _____

Are you coming on recommendation?

If so, who recommended us? _____

Are you interested in regular tooth cleaning?

Would you like to be reminded of the next check-up?

In case of no showing up or short-term cancellation we charge a fee in the amount of € 75 per half hour, if the date cannot be assigned different (according to § 615 BGB).

Munich, _____

Signature _____