



**Cardiovascular diseases**

- Increased blood pressure (Hypertension)  Yes  No
- Niedriger Blutdruck (Hypotension)  Yes  No
- Tachycardic arrhythmia  Yes  No
- Angina pectoris  Yes  No
- Heart valve disease  Yes  No
- Cardiac pacemaker  Yes  No
- Stent  Yes  No
- Are you on endocarditis prophylaxis?  Yes  No

Medication:

**Infectious diseases**

- Hepatitis A, B, C  Yes  No
- HIV positive  Yes  No
- Tuberculosis  Yes  No
- Covid-19  Yes  No
- Other infectious diseases? \_\_\_\_\_  Yes  No

Medication:

**Allergies / Intolerances**

- Local anesthetics  Yes  No
- Sulfitallergy  Yes  No
- Painkiller  Yes  No
- Antibiotics  Yes  No
- Other Allergies / Intolerances?  Yes  No

Medication:

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**Other diseases**

- Blood coagulation disorders  Yes  No
- Asthma  Yes  No
- Lung disease  Yes  No
- Liver disease  Yes  No
- Thyroid disease  Yes  No  
 Hyper- /  Subfunction
- Rheumatism  Yes  No
- Epilepsy  Yes  No
- Diabetes  Yes  No
- Gastrointestinal disease  Yes  No
- Renal dysfunction  Yes  No
- Fainting tendency  Yes  No
- Cataract  Yes  No
- Glaucoma  Yes  No
- Current/previous tumor disease?  Yes  No  
Which one?/ When? \_\_\_\_\_
- Current or previous radiation/chemotherapy?  Yes  No
- Osteoporosis  Yes  No
- Do you take bisphosphonates?  Yes  No  
*If so, please ask for our separate bisphosphonate medical history form.*
- Other diseases?  Yes  No

Medication:

Do you smoke?  Yes  No  
How many per day?/ Since when?

Are you pregnant?  Yes  No

We kindly ask that you keep scheduled your appointments or cancel them at least 24 hours in advance. This gives us the chance to offer appointments to other patients. **Otherwise, any resulting costs may be charged.**

\*optional details

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's signature