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Patient

Medical history form

Surname:

Insurance no:

The following applies to you

Additional information, e.g. pain, treatments, medication

N Y

Mouth/teeth problems

Details:

General relevant additional information

Food containing sugar/acid

 Rarely/never Often Daily

N Y

Smoker?

Cigarettes/day: <10

 >10

Former smoker?

Cigarettes/day:

When did you give up?

For how long?

 < 5 years > 5 years

N Y

Alcohol dependency?
(currently or previously)

Allergies/intolerances

Emergency medication

Pregnancy

Week

Systemic infections

Additional information, e.g. date of surgery Medication

Known heart conditions

N Y

Angina pectoris

Cardiac arrhythmia

Coronary heart conditions

DMP participation

Heart failure

Artificial heart valve

Congenital cyanotic heart disease

Previous history of endocarditis

Heart attack

> 6 months

< 6 months

Stent/bypass operation

> 6 months

< 6 months

Cardiac pacemaker

Hypertension/high blood pressure

Current value:

Systemic infections

Additional information, e.g. date of surgery Medication

Known lung/respiratory disease N Y

COPD/constriction of airways DMP participation

Bronchial asthma DMP participation

Known bone/joint diseases N Y

Bekhterev's disease/ankylosing spondylitis

Rheumatoid arthritis

Osteoporosis

Known diseases of the digestive system N Y

Gastritis without reflux with reflux

Crohn's disease

Ulcerative colitis

Known organ/glandular/nerve conditions N Y

Glaucoma/intraocular pressure

Kidney disease No dialysis Dialysis

Tumour diseases Details/treatment

Hyperthyreosis/thyroid diseases

Diabetes mellitus Current HbA1c/DMP participation

Epilepsy (emergency medication) Stable Not stable

Known infectious diseases N Y

Hepatitis/jaundice (and variants) recovered active/chronic

HIV/AIDS

Tuberculosis

Visited an infection zone (last 3 months) N Y Contact with sick/infectious persons (last 14 days) N Y

Country: Symptoms: Treatment:

Treatments/therapies/operations N Y Alternative medicine, influence of modes of action

Other forms of treatment Details

Chemotherapy Completed On-going

Radiotherapy in head/neck region Completed (> 6 weeks) On-going

Immunosuppression

Endoprosthesis (artificial joints) > 2 years or without complications < 2 years or with complications

Are you currently taking any medications? Details

Other illnesses Details