



# Health Questionnaire

What is the reason for your visit?

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Do you have:

- Heart or circulatory problems?  yes  no
  - Blood diseases, respiratory problems or haemophilia?  yes  no
  - Asthma, hay fever, food allergies or any other allergies?  yes  no
- If yes, which allergies? \_\_\_\_\_

Do you take regular medication?  yes  no

If yes, which one(s)? \_\_\_\_\_

Have you ever had any unusual reactions to injections, medication or plasters?  yes  no

Do you suffer from diabetes or any other metabolic disorder?  yes  no

Have you been to hospital or have you undergone any other medical treatment?  yes  no

If yes, what was the reason of the medical treatment? \_\_\_\_\_

Have you been undergoing an operation?  yes  no

If so, give details: \_\_\_\_\_ When? \_\_\_\_\_

Have you ever suffered from Hepatitis (inflammation of the liver)  yes  no

Or any serious infectious diseases (HIV, TBC)  yes  no

Please provide the name of your specialist: \_\_\_\_\_

Do you smoke cigarettes?  yes  no

If yes, how much? \_\_\_\_\_

Do you snore?  yes  no

Do you grind on your teeth?  yes  no

Do you have a special diet? (vegetarian, vegan, or similar)  yes  no

If yes, which? \_\_\_\_\_

Do you take food supplements regularly?  yes  no

If yes, which? \_\_\_\_\_

Have you ever been to speech therapy?  yes  no

If yes, why \_\_\_\_\_ When? \_\_\_\_\_

Do you wear orthopedic shoe inserts?  yes  no

Have you ever had an orthodontic treatment?  yes  no

If yes, why \_\_\_\_\_ When? \_\_\_\_\_

If your health status changes, we ask for immediate notification.

For further information, please visit our Homepage [www.kfo-charlottenburg.de](http://www.kfo-charlottenburg.de)

Thank you! Your practice team

Date \_\_\_\_\_

Signature: \_\_\_\_\_

Countersignature d. Practice

Schöne, gesunde Zähne – gut lachen!