ORALCHIRURGIE
SPEYER

CASE HISTORY

CONCERNING PATIENTS YOUNGER THAN 18 YEARS OR FAMILY MEMBERS PLEASE NAME THE MAIN INSURED PERSON

first- & surname

address

day of birth | phone

family doctor | dentist

profession | health insurance

Do you take any medicine- **regulary**?	no	yes	which:
Do you take any **blood thinner**?	no	yes	which:
Do you take any **bisphosphonates**?	no	yes	which:
Do you have any **allergies**?	no	yes	which:
Have you ever had difficul- ties with general anesthesia, local ansesthesia or sedation?	no	yes	which:

Have you ever had an operation?	no	yes	Do you smoke?	no	yes
Do you drink alcohol regularly?	no	yes	Are you pregnant?	no	yes

Do you have any diseases of one of the following body systems?

cardiovascular	no	yes	liver	no	yes
vessels	no	yes	kidney	no	yes
blood / coagulation	no	yes	neural pathways	no	yes
respiratory	no	yes	psyche	no	yes
lung	no	yes	bony system	no	yes
metabolism (diabetes mellitus etc.)	no	yes	musculoskeletal	no	yes
thyroid	no	yes	infections (HIV, Hepatitis)	no	yes

location, date

signature (patient, legal guardian)

ERSTELLT: JAN VASKO, 04.12.2024 • GEPRÜFT: EMILIE GRASSMÜCK, 10.12.2024 • FREIGEGEBEN: JAN VASKO, 11.12.2024 • Version 1, GÜLTIG AB 11.12.2024
4.1.3.2_Anamnesebogen_en.pdf