



Zahnarztpraxis  
**Dr. Rolf Linseisen**  
 Wittgasse 5  
 94032 Passau

## New Patient Registration Form

Dear Patient:

Welcome to our dental office and thank you for scheduling an appointment with us. Please complete these forms attached as it is important for us to fully understand your medical history. Of course, all information provided is subject to medical confidentiality of the dentist and the team. We appreciate your cooperation. Thank you!

<u>Patient</u>	<u>Responsible/ Guarantor Information ?</u>
First name: .....	First name: .....
Last name: .....	Last name: .....
DOB: .....	DOB: .....
Address: .....	
E-Mail (home): .....	
<u>Phone:</u>	<u>Responsible party for billing purposes:</u>
home: .....	First name: .....
mobile: .....	Last name: .....
work: .....	Address: .....
<u>profession:</u> .....	<u>Insurance:</u> .....
Employer (name, address) .....	

Any special requests? .....

How did you hear about us?  referral / word of mouth  Homepage/Internet  Other

**Are there any health risks?**  yes  no

If yes, please explain

.....  
.....

**Do you have allergies?**  yes  no

If yes, please explain?

.....  
.....

**Do you have:**

Gastro-intestinal disease?  yes  no

Cardiovascular disease?  yes  no

Thyroid disease?  yes  no

High blood pressure?  yes  no

Low blood pressure?  yes  no

Diabetes?  yes  no

Kidney disease?  yes  no

Glaucoma?  yes  no

Cancer?  yes  no

Osteoporosis?  yes  no

Infectious disease?  yes  no

HIV  Hepatitis B  Hepatitis C

**What medications or supplements are you currently taking?**

.....  
.....  
.....  
.....  
.....  
.....

**Do you have a pacemaker?**  yes  no

**Are you pregnant?**  yes  no

If so, in what week? .....

Are you taking bisphosphonates?  yes  no

**Do you smoke?**  yes  no

**What is the reason for today's visit ?**

.....  
.....

**Who is your primary physician? (name, address)**

.....  
.....

**Have you received any x-rays in the past 2 years?**  yes  no

**Do you carry an implant pass?**  yes  no

**Upon request, we will be glad to send you a reminder note one business day prior your appointment**

via SMS  yes  no

**Please select if you wish to receive a reminder for your next ↓check-up or hygiene appointment ↓**

(based on previous agreed time intervals )

via email

via regular mail

not requested

**We are going green! Therefore the following documents will be emailed to you:**

Invoices (within legal regulations; digital submission to your insurance)  yes  no

X-rays (as needed)  yes  no

Scheduled appointments  yes  no

Passau, .....[date] Signature .....

I certify that I have read and fully understand the above statements and consent fully and voluntarily to its contents. I acknowledge that the information on this registration form is correct and understand that I am responsible to notify Praxis Dr. Rolf Linseisen as soon as possibly if any of the information changes. If I fail to submit changes in a timely manner, I understand that Praxis Dr. Rolf Linseisen is not liable if any information inadvertently reaches a third party.

**Kindly return the completed registration form (2 pages) as pdf to: formular@linseisen.bayern**