



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?

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

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)

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.....

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