KINDER- UND
JUGENDZAHNHEILKUNDE
BÜLACH

MEDICAL HISTORY FOAM

	PATIENT		LEGAL GUARDIAN
First name, Surname		First name, Surname	
Date of birth		Date of birth	
Postal address		Postal address	
Post code / Residence		Post code / Residence	
Phone*		Email*	
Mobile *		Profession*	
Pediatrician		Do you have an dental insurance?*	☐ yes ☐ no
Current dentist		If so, which one?	

Custody

- ☐ sole custody
- ☐ joint custody
- ☐ I am no parental guardian.

Do you receive social assistance, social assistance asylum or supplementary services AHV/IV ? ☐ yes ☐ no

If you are unsure, please ask in person. We're here to help.

Dear patient, dear parents!
In addition to personal details, we also need information about the patient's or your child's health and nutritional habits in order to ensure adequate and risk-free treatment. All information is subject to medical confidentiality and will be treated as strictly confidential. In addition, we take the provisions of federal law about data protection (DSG) very seriously.
Detailed data protection information can be found on a notice board in the practice.

Do you | your child have generall illnesses? ☐ yes ☐ no

If yes, which? _____

Do you | your child have infection diseases? ☐ yes ☐ no

If yes, which? _____

Do you | your child have allergies? ☐ yes ☐ no

If yes, which? _____

Have you | your child had an operation? ☐ yes ☐ no

If yes, which operation? _____

Have you | your child had an accident that damaged teeth? ☐ yes ☐ no

If so, when? _____

Does your child take any medication regularly? ☐ yes ☐ no

If yes, which medication(s) and why?

Have any of the child's or parent's ever had a reaction or allergy to an antibiotica, latex or other medication? ☐ yes ☐ no

If yes, which whom an which ones?

Has your child sucked their thumb or pacifier? ☐ yes ☐ no

Up to hat age? _____

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How whould you rate your child's behavior during at the dentist?*

☐ cooperativ ☐ refusal
☐ apprehensive, but would not refuse treatment

How often does your child brush his | her teeth?*

☐ Once a day ☐ Twice daily ☐ Three times daily

How does your child brush his | her teeth?*

☐ By him | herself ☐ With guardian ☐ By the parents

Does your child use fluoride toothpaste?* ☐ yes ☐ no

Has your child taken fluoride tablets?* ☐ yes ☐ no

Yes, until _____

Do you use fluoridated table salt?* ☐ yes ☐ no

Was your child bottle-fed?* ☐ yes ☐ no

Yes, until _____

Has your child been breast-fed?* ☐ yes ☐ no

Yes, until? _____

What does your child drink with each meal and during the day?*

☐ Tab water ☐ Mineral water ☐ Iced-Tea
☐ Aromatized water ☐ Fruit juice
☐ Unsweetened Tea ☐ Sweetened Tea ☐ Instant Tea
☐ Fruit juice spritzer ☐ Lemonade ☐ Coke
☐ Milk ☐ Hot chocolate ☐ Sport drinks (isotonic)

How frequently does your child have snacks?*

Roughly _____ a day

*voluntary information

Which snacks does your child usually prefer?*

☐ Fruits ☐ Vegetable ☐ Bubble gum ☐ Yoghurt
☐ Sandwich ☐ Pretzels ☐ Rice crackers
☐ Cookies ☐ Cake ☐ Chips | Crisps
☐ Cereal bars ☐ Fruit bars ☐ Sweets | chocolate (e.g. Milchschnitte, Balisto, Knoppers etc.)

Would you like to reminded of the next preventive/check-up appointment?* ☐ yes ☐ no

If yes, via ☐ phone ☐ email ☐ post

How did you hear about us?*

☐ Referral by Dr. _____

☐ Personal recommendation from _____

☐ Internet / Homepage

☐ Others _____

With my signature, I agree to the general terms and conditions as well as the data protection declarationand their inclusion in the treatment contract. These can be viewed in the practice or at www.orthobit.ch/datenschutz bzw. www.orthobit.ch/agb

The consent can be given at any time in whole or in part an without giving any reasons for the future in writing or through email can be revoked. The revocation of consent does not affect the lawfulness of the processing carried out based on the consent up to the revocation. The dental practice ist not permitted to transmit, process or use my treatment data and findings for purposes other than those mentioned (DSG).

_____

date, signature patient

_____

date, signature of parent | guardian

ZahnKidz
KINDER- UND JUGENDZAHNHEILKUNDE BÜLACH

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