

Anamnesis questionnaire



1. Personal information

Contact details of the child

Family name _____	Date of birth _____	<input type="radio"/> f	<input type="radio"/> m
First name _____	Place of birth _____		
Legal guardian	<input type="radio"/> Both	<input type="radio"/> Mother	<input type="radio"/> Father

Contact details of the parents

Family name _____	Date of birth _____	<input type="radio"/> f	<input type="radio"/> m
First name _____	E-Mail _____		
Street _____	Postcode/city _____		
Telephone _____	Mobile _____		

Health insurance

Name of the insurance company _____	Additional insurance in place?	<input type="radio"/> No	<input type="radio"/> Yes
Child is insured with	<input type="radio"/> Mother	<input type="radio"/> Father	Name/Date of birth _____
Payer	<input type="radio"/> Mother	<input type="radio"/> Father	
	<input type="radio"/> Different person		Name/Address _____

Pediatricist

Name _____

Address _____

Previous dentist

Name _____

Address _____

2. General health questions

Allergies (attested)	<input type="radio"/> No	<input type="radio"/> Yes	Which? _____
Respiratory diseases (Asthma/Lung diseases)	<input type="radio"/> No	<input type="radio"/> Yes	_____
Blood coagulation disorder	<input type="radio"/> No	<input type="radio"/> Yes	_____
Diabetes or other metabolic diseases	<input type="radio"/> No	<input type="radio"/> Yes	_____
Epilepsy (seizures)	<input type="radio"/> No	<input type="radio"/> Yes	_____
Diseases of kidney and/or liver	<input type="radio"/> No	<input type="radio"/> Yes	_____
Mental handicap	<input type="radio"/> No	<input type="radio"/> Yes	Stage of development (age)? _____
Cardiac diseases	<input type="radio"/> No	<input type="radio"/> Yes	_____
Infectious diseases (z.B. Hepatitis, HIV, TBC)	<input type="radio"/> No	<input type="radio"/> Yes	_____
Learning disability/ADHD	<input type="radio"/> No	<input type="radio"/> Yes	_____
Medicine incompatibility (e.g. Antibiotics)	<input type="radio"/> No	<input type="radio"/> Yes	Which? _____
Complications at birth/premature birth	<input type="radio"/> No	<input type="radio"/> Yes	In which WOP? _____
Linguistic, audible and/or visual disabilities	<input type="radio"/> No	<input type="radio"/> Yes	_____
Does your child take medicine regularly?	<input type="radio"/> No	<input type="radio"/> Yes	Which? _____
Tetanus vaccination completed?	<input type="radio"/> No	<input type="radio"/> Yes	_____
Other diseases?	<input type="radio"/> No	<input type="radio"/> Yes	Which? _____

3. Dental health questions

- Has your child ever been to a dentist? No Yes Why?
- Which attitude does your child have towards dentists? Positiv Neutral Afraid Negative experience
- Does your child have toothache currently? No Yes _____
- Did your child ever have an accident in face, mouth or jaw area? No Yes _____
- Does your child have a pacifier or sucks a thumb? No Yes If no, till which age?
- Does your child snore while sleeping? No Yes _____
- Is your child in orthodontic treatment? No Yes Where?
- Have ever been made any x-ray pictures of the face, mouth or jaw area? No Yes When?

4. Nutrition & Brush habits & Fluorid anamnesis

- Was your child breastfeed? No Yes How long?
- Was your child bootlefeed? No Yes Also for falling asleep
- How long?
- Which beverages is your child mainly drinking? Water Tea (with sugar/honey) Milk
- Juice with water Juice Lemonade
- How often does your child eat sweets? Daily __times/week Seldom
- How often does your child brush its teeth? Twice/day Once/day Never
- Do you brush the teeth of your child afterwards again? No Yes I only control
- Do you give your child fluorid compounds? Toothpaste Fluorid tablets Fluorid-Gel
- Mouthwash solutions Table salt No
- With what does your child brush its teeth? Manual toothbrush Electric toothbrush
- Does your child use dental floss? No Yes, seldom Yes, regular

5. Anamnesis of the parents

- Allergies (attested) No Yes Which?
- Medicine incompatibility (e.g. Antibiotics) No Yes Which?
- Do you tend to caries (mother or father)? No Yes
- Do you tend to calculus (mother or father)? No Yes

6. General questions

- How did you take notice of the „Praxis für Kinderzahnheilkunde“? Kindergarden School Friends
- Internet Dentist Newspaper
- Recommendation of _____
- Are we allowed to remind you on a check-up appointment of your child? Yes, via email No, thank you

Please answer these questions in the interests of your child truthfully and inform us about any changes of the health and insurance status. Our confidentiality is given.

Place/Date _____

Signature of the legal guardian _____

