MKG
MUND-KIEFER-GESICHTSCHIRURGIE
Bamberg | Haßfurt

ÜBAG Bamberg-Haßfurt
Hainstraße 18 - 96047 Bamberg
Hofheimer Str. 65 – 97437 Haßfurt
Tel. 0951-9230125
Fax.0951-9230126

Pat.Nr.:_____

Anamnesis Form

Dear Patient,

Welcome to the MKG Chirurgie Bamberg! We are delighted that you have choosen our doctor's surgery and put your trust in us. First of all we need some overall information on your person as well as your general medical condition, since generalised diseases can also effect the treatment. Please be so kind and fill in this questionnaire, it will be added to your personal patient file. As a matter of course all informations are subject to the medical confidentiality of our practice. If you have questions please do not hesitate to contact us.

Surname / First name | Date of birth

Street | Postal code / City

_____@_____
Private / Mobile Phone | E-Mail

Health Insurace company | Name of member | Date of birth of member

Profession:_____ Company _____

For under age persons:

Legal representative: _____Date of birth: _____

Name and address of insurance:

_____

Billing information addressed if different to above: _____

Other Physiscians who provide treatment

Dentist:_____ Address:_____

General physiscian_____Address:_____

Are you pregnant? ○ Yes ○ No Week of pregnancy:

_____

Do you suffer from any of following diseases (Please tick box)

Patient has or has had:

Heart disease / Circulatory trouble	○ yes ○ no	Mental disorder/ anxiety states	○ yes ○ no
High blood pressure	○ yes ○ no	Diabetes	○ yes ○ no
Bleeding disorder	○ yes ○ no	Gastro-intestinal disease	○ yes ○ no
Fainting disorder	○ yes ○ no	Rheumatism	○ yes ○ no
Kidney disease	○ yes ○ no	Thyroid Disease	○ yes ○ no

Do you have a pacemaker? ○ yes ○ no

▼ **Please turn over!** ▼

Infection diseeases

Hepatitis ○ yes Type **A** ○ **B** ○ **C** ○ ○ no

Tuberculosis ○ yes ○ no

HIV ○ yes ○ no

Allergies

Asthma ○ yes ○ no

Latex ○ yes ○ no

Allergy passport ○ yes ○ no

Antibiotics ○ yes ○ no

Have you ever suffered from an intolerance to drugs or injections? If yes, to which?

Tumor disease

Chemotherapy ○ yes ○ no

Radiation treatment ○ yes ○ no

Eye diseases

Glaucoma ○ yes ○ no

Cataract ○ yes ○ no

Bone disease

Bisphosphonate treatment ○ yes ○ no

Addictive drugs

Alcohol ○ yes ○ no

Drugs regulary ○ yes ○ no

Do you smoke? ○ yes ○ no

○ less than 10 per day ○ more than 10 per day

Did you undertake a treatment in hospital lately ? ○ yes ○ no

Address clinic_____

Earlier diseases _____

Do you take blood thinners, e.g. (Aspirin / ASS / Marcumar)? ○ yes ○ no

Do you take other drugs ? Which one: _____

When have you been x-rayed lately? _____

Which part of body ? _____

I declare consent that MKG Chirurgie Bamberg-Haßfurt or the treating doctor collects, processes and stores my patient and treatment data/findings or the corresponding data of my child or the person cared for in accordance with the EU-GDPR. I also declare consent with transferring the necessary data to the laboratories in the case of laboratory tests and, if required, transferring the data to receivers as described in the GDPR patient information. In particular, the treatment data / findings may be transferred to the family dentist and to further treating doctors for the purpose of further treatment. The declaration is valid to all upcoming treatments as well. The declaration of consent can be revoke at all times.
In order to have more time for our medical treatments and attendance we keep our administrative effort as low as possible therefore we have transferred our billing to our Health AG Partner, Hamburg. We assure you that they process patient data with the utmost care and absolute confidentiality.

I have taken note of the GDPR patient information.

https://kieferchirurgiebamberg.de/#datenschutz

A special and free service**: Do you want us to remind you regularly when your check up is due?**

○ yes ○ no

With my signature, I hereby confirm the accuracy and completeness of the information I have provided above, and agree to the personal data being saved.

Date:_____ Signature:_____

Patient/Legal representative

updated 09/2020