



**DR. ANDREAS STEIN M.Sc.**

DENTIST

ORAL SURGEON

**Questionnaire for  
new Patients**

MASTER OF SCIENCE IN PERIODONTOLOGY

SPECIALIST FOR PERIODONTICS / IMPLANTOLOGY

You are visiting our clinic which is being conducted by appointments only. This means for you only short waiting periods. We ask for your understanding if, in case of unpredictable medically indicated treatments are made necessary, this may lead to slight delays on our side. Should you not be able to keep your appointment, please notify us the day prior.

**PATIENT**

**PERSON INSURED (only f. family members)**

**Family name**.....

**Name of Person insured**.....

**First name**.....

**First Name**.....

**DOB**.....

**DOB**.....

**Address**.....

**Address**.....

.....

.....

.....

.....

**Home Phone**.....

**Office Phone**.....

**referred by**.....

**Fax**.....

**e-Mail**.....

**Insurance/Health Care**.....

**Profession**.....

**Employer**.....

**Please answer the following questions  
(1-10):**

**1. Do you suffer a cardiovascular disease?**.....

**7. In case you take any medicine at present time,**

**2. Asthma/Allergie**.....

**please name**.....

**3. Medicine Intolerance**.....

**8. Do you suffer bleeding problems?**.....

**4. Hepatitis/Tbc/Aids**.....

**9. Do you smoke?**.....

**5. Internal diseases**.....

**10. Are you pregnant?**.....

**6. Do you suffer any diseases at the present**

**11. Do you request local anesthesia?**.....

**time?**.....

Wiesbaden, .....

Date

Signature

Please take into consideration that driving ability may be impaired for up to 12 hours due to medicine and/or injections local anesthesia!