

**ZA.eins**  
**Dr. med. dent K. Chughtai**  
Hohenstaufenstr. 9 - 40545 Düsseldorf  
Telefon: 0211- 17159750 - Telefax: 0211- 17159751

## Patient Data Sheet

FamilyName: _____	If you do not have health insurance for yourself First
Name: _____	who is insured?
Date of birth: _____	Family Name: _____
Address: _____	First Name: _____
	Date of Birth: _____
Phone Privat: _____	
Emailaddress: _____	
Profession: _____	
Campany: _____	
Work Phone: _____	
Insurance Company: _____	

Please answer the following questions regarding your state of health as exactly as possible:

	<b>yes</b>	<b>no</b>
Do you react hypersensitive to certain substances? _____	[ ]	[ ]
Do you have Coagulation Diseases?	[ ]	[ ]
Do you have Cardiovascular disease?	[ ]	[ ]
Do you have any Infectious Diseases? (HIV, Hepatitis B oder C) ?	[ ]	[ ]
Do you have a Metabolic disease? (Diabetes, thyroid disease , etc.) ?	[ ]	[ ]
Do you have a Gastrointestinal / renal disease ?	[ ]	[ ]
Do you have Asthma?	[ ]	[ ]
Do you have glaucoma r?	[ ]	[ ]
If you are pregnant, if so, which week ? _____ week	[ ]	[ ]
Do you take regular medication, if so, what ? _____		

\_\_\_\_\_

Why you go into treatment?

Check up [ ]

Toothache [ ]

Advice [ ]

Who recommended us ? \_\_\_\_\_

Please answer the questions in your own interest.  
Confidentiality is our part of course!

I have made \_\_\_confirm the information given in good faith and conscience.

Düsseldorf, \_\_\_\_\_