ANA POHLMANN
Kieferorthopädie

Informationsheet
for children

Welcome

to our orthodontical practice in Nürtingen. We would like to take a moment to discuss your orthodontical wishes. For the consultation appointment, we will need your personal medical information. **Of course, your informations will be kept confidential.**

Patient information

Last Name: First Name:
Street/No.: Date of birth:
City/ZIP: Health insurance:

Legal guardian

Last Name: First Name:
Date of Birth: Health insurance:
Street/No.: Phone:
City/ZIP: Cellphone:
E-mail: Profession:

Insurance

- ☐ health insurance
- ☐ private health insurance
- ☐ medical benefits
- ☐ additional insurance for orthodontists

Recall?

☐ yes ☐ no If so: ☐ e-mail ☐ text message ☐ phone

We will try to make your stay as enjoyble as possible.

These informations are needed for a trustfull cooporation and treatment. All the personal information will be kept confidential according to §203 and the strict regulations of the data protection law. Modern othodontical treatments need a strong teamwork between patient and orthodontist. Our partial services are provided by trained dental assistents, after prior arrangement by the practitioner and under his supervision. Please let us know if there are any existing x-rays in the jaw area.

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Medical history evaluation
for children

Please, help us so we can get to know you better!

Why did you come to us today and what can we do for you?

Is your child in medical treatment? ☐ yes ☐ no

If so, why?

Who is your family doctor? (name, adresse, phonenumber)

Who is your dentist? (name, adresse, phonenumber)

Are there any other known diseases or infections? ☐ yes ☐ no
(such as heartdieases, Diabetes or Hepatitis)

If so, which disease?

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

If so, which medication?

Do you have any allergies or sensitivities
against any medication or materials? ☐ yes ☐ no

If so, which allergies/sensitivities?

Has your child had get any x-ray of the head, jaw or tootharea in the last year? ☐ yes ☐ no

If so, where?

Notice: Our modern equipment ensures a small amount of radiation!

For girls: Is there currently a known pregnancy? ☐ yes ☐ no

Has your child you previously been treated by an orthodontist? ☐ yes ☐ no

If so, which doctor?

Does your child have any discomfort in the joint of your jaw? ☐ yes ☐ no

Does your child grind or clench his/her teeth? ☐ yes ☐ no

Does your child get frequent colds or snore often? ☐ yes ☐ no

Has your child had any accidents where the teeth/jaw has been involved? ☐ yes ☐ no

Is there a misalignment of the teeth or jaw in the family? ☐ yes ☐ no

Is there an existing problem with your childs speech or pronounciation? ☐ yes ☐ no

How often does your child brush his/her teeth? a day

Does your child go to the dentist regularly? ☐ yes ☐ no

Date, signature

Einverständniserklärung

zur Erhebung und Übermittlung von personenbezogenen Patientendaten

Patientendaten

Name: Vorname:

Geburtsdatum: Telefon:

Straße, Nr.: Mobil:

PLZ/Ort:

Ich erkläre mich einverstanden, dass die Praxis Ana Pohlmann …

1. Behandlungsdaten und Befunde **bei anderen Ärzten und Leistungserbringern** zum Zwecke der Dokumentation und weiteren Behandlung **anfordert**.
2. Behandlungsdaten und Befunde an mich **behandelnde andere Ärzte** und **Leistungserbringer übermittelt**.
3. Behandlungsdaten **an zahnmedizinische Labore** zur Herstellung von **kieferorthopädischen Arbeiten** (Kiefermodellen und Zahnspangen) übermittelt.

Einwilligung beim Wechsel der kieferorthopädischen Praxis

Ich bin damit einverstanden, dass die Praxis Ana Pohlmann meine Unterlagen von meiner bisherigen kieferorthopädischen Praxis anfordern darf.
Wenn ich die kieferorthopädische Praxis wechseln möchte, bin ich damit einverstanden, dass die Praxis Ana Pohlmann meine Unterlagen an die neue kieferorthopädische Praxis übermittelt.

Hinweis zur jederzeitigen Widerrufbarkeit

Es ist mir bekannt, dass ich diese Erklärung jederzeit ganz oder teilweise für die Zukunft widerrufen kann

Ort/Datum

Unterschrift des Patienten bzw. des gesetzl. Vertreters