Anamnesis questionnaire children

Fields marked with an asterisk (*) are mandatory.

Dr. Svantje Held

Dr´s office of modern orthodontics

(please write distinctly and in capital letters)

☐ female* ☐ male*

patient

surname*: prename*: date of birth*:

street*: postcode/city*:

tel./cell phone nr.*: email*:

mother - custodial parent ☐ **yes** ☐ **no**

surname*: prename*: date of birth*:

street*: postcode/city*:

tel./cell phone nr.*: email*:

father - custodial parent ☐ **yes** ☐ **no**

surname*: prename*: date of birth*:

street*: postcode/city*:

tel./cell phone nr.*: email*:

Your child is insured with? ☐ Father ☐ mother ☐ itself ☐ pensioner

✘ **name of your treating dentist*:**

legal health insurance company name:

covered private insurance:

allowance or subsidy office:

Are there brothers and sisters treated orthodontically? ☐ yes ☐ no

Does your child have an orthodontic treatment now or in former times? ☐ yes ☐ no

Orthodontist name: ☐ when

Cardio-vascular diseases

high blood pressure ☐ yes ☐ no

heart surgeries ☐ yes ☐ no

endocarditis (bacterial endocardium disease) ☐ yes ☐ no

low blood pressure ☐ yes ☐ no

disturbance in coagulation of the blood ☐ yes ☐ no

cardiac valvular effect or replacement ☐ yes ☐ no

actual medication for heart and blood pressure:

Please notice the backside of the questionnaire (S.2)

Lauterstr. 16
12159 Berlin-Friedenau

Phone: 030-851 80 16
Fax: 030-859 41 44

info@kieferorthopaedie-berlin.de
www. kieferorthopaedie-berlin.de

juvenile idiopathic arthritis (JIA) = rheumatic children disease: ☐ yes ☐ no

medication for rheumatism diseases:

Infectious diseases

HIV infection /AIDS ☐ yes ☐ no

hepatitis (if so, which kind of ☐A ☐B ☐C ☐D) ☐ yes ☐ no

tuberculosis (TB) ☐ yes ☐ no

herpes positive ☐ yes ☐ no

other infectious diseases, if so, which one?) ☐ yes ☐ no

medications for diseases above:

Cancer/tumors cancer medications: ☐ yes ☐ no

Other diseases

neurological diseases ☐ yes ☐ no

epilepsy ☐ yes ☐ no

lung/pulmonary diseases (dyspnea/asthma/cystic fibrosis mucoviscidosis ☐ yes ☐ no

diabetes ☐ yes ☐ no

thyroid diseases ☐ yes ☐ no

gastric-, intestinal,- kidney diseases ☐ yes ☐ no

immune diseases ☐ yes ☐ no

Other not mentioned diseases or medications? ☐ yes ☐ no

which?

allergies/incompatibilities allergy ID issued in the year:

latex ☐ yes ☐ no

nickel or other metals: (if so, which) ☐ yes ☐ no

anesthetics: (if so, which) ☐ yes ☐ no

analgesics: (if so, which) ☐ yes ☐ no

antibiotics: (if so, which) ☐ yes ☐ no

Other orthodontically relevant questions

Required trauma of teeth: (if so, which and when?) ☐ yes ☐ no

Did your dentist take x-rays of your child in the last 2 years? ☐ yes ☐ no

Did your child have surgery in the ear, nose and throat region?
(adenoids, tonsils, sinuses, nasal septum) ☐ yes ☐ no

Does your child sleep open - mouthed? ☐ yes ☐ no

Did your child suck or is he/she still sucking the thumb or pacifier? (If yes, how long?) ☐ yes ☐ no

Are there malpositions of the teeth or jaws or special diseases in your family? ☐ yes ☐ no

Does your child have a speech defect? ☐ yes ☐ no

(For girls only) Is your daughter pregnant at the moment? (if so, in which month of?) ☐ yes ☐ no

☐ **I confirm the accuracy and completeness of my data and agree that phone/mobile and e-mail data may be used by us for consultation and to schedule appointments and reminders.**

☐ **I agree that medical confidentiality cannot always be observed due to the spatial situation in the treatment room.**

City, date: **signature:**