



ZÜRI ZAHNI

CANO + ZIMMERMANN @ WRIGHT PLACE

general questionnaire

1. patient's data

name first name

marital status single married widowed divorced

nationality profession

the data of the guardian for children (under 18)

name first name

marital status single married widowed divorced

nationality profession

the adress

street

zip.c residence

phone

privat business

email

additional informations

how did you become attentive of us?

previous dentist? zip code

doctor? zip code

health insurance|AHV nr.

method of payment

i am

privat payer

i am supported by

social welfare office

asylum authorities

EL-supplementary services

other institotions (adress and contactperson

general health questions

a) general questions

reason for your visit?

are you feeling healthy at the moment? yes no

only for female patients: are you pregnant? yes in the week no

have you recently been in a medical treatment? yes, why? no

are you affraid of the dental treatment? yes no

do you suffer from bad breath? yes no

b) questions about your personal health

have you ever had a extraordinary reaction to

nutrition? yes no

medicine yes no

dental treatments yes no



- Do you have an allergy, possibly an allergy pass? yes no
- Have you ever had an extraordinary reaction at the dentist? (e.g. dental materials, anesthesia/injections) ? yes, which? no
- Do you take any medicine regularly yes no
- if yes: which and why?
- Do you bleed long after injuries or do you take blood-thinning medication? yes no
- Are you in therapy for reduced bone density/osteoporosis? yes no
- Do you have an artificial joint? yes, where?..... no
- Do you need endocarditis prophylaxis and / or do you have an endocarditis pass? yes no
- Do you have a pacemaker, a stent and / or a heart card? yes no
- Are you immunocompromised or have you had an organ transplanted? yes no

- Do you have/ have you ever had any of these infectious diseases?
- Hepatitis A, B or C
 - Tuberculosis
 - HIV+ / Aids
 - Jaundis / Icterus
 - Rheumatic fever

- Do you have or have you had (in the past) any of the following illnesses?
- heart disease, circulatory trouble
 - gastro-intestinal disease
 - high blood pressure
 - diseases of the kidney or anomalies
 - heart attack
 - disease of the thyroid gland
 - stroke
 - tumors, cancer
 - embolism / thrombosis
 - epilepsy
 - diabetes
 - osteoporosis
 - respiratory / lung disease
 - severe rheumatism
 - asthma
 - mental illness / depression
- Any other sickness that isn't listed?

c) questions about your life style

- Are you drinking alcohol regularly? yes no
- Are you smoking yes, sinceyears, approx. per day no
- Are you taking drugs yes no
- If yes, which and how often?

I hereby release my treating dentist and the staff of the Züri Zahni dental surgery from medical confidentiality as follows: I grant permission to request medical files for inspection and to forward the necessary patient data to the respective private or government institutions for assessment, invoicing and / or forward debt collection. For the digital management of the medical history, a company specializing in dental software is allowed to save and secure patient data on a web-based basis. I also allow the attending dentist to discuss my case with other doctors and dentists in order to ensure optimal medical care. For laboratory work, I allow the dental practice, the responsible companies or dental technology laboratories to send the physical registrations, the virtual data sets and / or photos of my dental situation together with my personal data. The medical history and the personal data may be viewed by all employees of the dental practice - in compliance with medical confidentiality.

I also undertake to regularly review my medical history and notify my dentist of any changes in my state of health.

I accept the updated privacy policy and the guidelines for handling patient information.

date

Patient's signautre

legal representative

updated on visa

updated on visa



Disclaimer Züri Zahni

Dear patient

We warmly welcome you to Züri Zahni and thank you in advance for the trust you have placed in us. An examination and / or possible therapy is planned for you. Before starting, we ask you to read the following information and to give us your consent with your signature.

At Züri Zahni we treat you according to the latest rules and findings of science. Despite high quality standards and careful work, complications or pain can arise.

THE FOLLOWING POINTS ARE TO BE OBSERVED

- Depending on the treatment, local elimination of the sensation of pain (local anesthesia) may be indicated. Despite professional use, general or local side effects are possible: intolerance to the substance used (allergy), reactions in the cardiovascular system (palpitations, drop / increase in blood pressure, dizziness) Bruising (bruises). In rare cases, conduction anesthesia can damage nerve fibers. As a result, a temporary facial asymmetry or temporary or very rarely permanent sensory disturbances (tingling, discomfort and even numbness) are possible in the corresponding supply area. Please refrain from eating as long as the anesthetic lasts, as this can lead to bite injuries, burns or frostbite.
- It may be necessary to shorten the length of a tooth or, depending on the degree of destruction, to pull it.
- Teeth, especially in the context of a root canal treatment or extraction, can break and may no longer be worth preserving.
- A root canal is an attempt to save the tooth (Success rate of over 90%). Long-term preservation is not guaranteed. Root canal instruments can rarely break or a complicated root canal anatomy makes an optimal therapy impossible.
- An extraction can cause pain, infection, swelling or bleeding. In very rare cases and with certain anatomical positions of the teeth, the maxillary sinus may open, nerve damage or a broken jaw.
- A reconstruction, be it a filling, a crown, a bridge, an implant or a prosthesis, can be damaged or loosen under heavy loads. The subsequent goodwill is based on the guidelines of the SSO.

If you would like a cost estimate for your treatment, we ask you to inform us explicitly.

With your signature you confirm that you have taken note of the points listed above and that you have been informed in an understandable manner about the procedure and the risks of the examination or the procedure. Questions were answered to your satisfaction.

I agree to the treatment

date
 patient's signature
 legal representative