



Medical history form

Information about you and your health

Dental Aesthetics · Doctor medic Claudius-Horatius Moldovan · Simonstraße 3, 33106 Paderborn-Elsen · Version: 03/10/2026
English translation of the German form. In case of doubt, the German version applies.

Dear patient,

General illnesses and medicines can affect dental treatment. Please fill in this form carefully. If you are unsure about a question, leave it blank – we will go through it together.

All information is subject to **professional confidentiality** and becomes part of your patient record. Fields marked **(optional)** may be left blank. Please tell us about any changes, for example new medicines.

1. Personal details

Surname: _____ First name: _____
Date of birth: _____ Telephone: _____
Street, house number: _____ Postcode, town: _____
Mobile (optional): _____ Email (optional): _____
Occupation (optional): _____

2. Insurance

Health insurer / private health insurer: _____

statutory health insurance	☐ yes ☐ no	private health insurance	☐ yes ☐ no
basic tariff (Basistarif)	☐ yes ☐ no	supplementary dental insurance	☐ yes ☐ no
entitled to civil-service allowance (Beihilfe)	☐ yes ☐ no	care grade (Pflegegrad) – if yes: ____	☐ yes ☐ no

If you are not the policyholder yourself: who is the insured person?

Surname, first name: _____ Date of birth: _____
Address (if different): _____

3. Your GP

Name: _____ Town, telephone: _____

The practice contacts your GP only with your consent (see “Patient information on data protection”, page 2).

4. Your reason for coming

Why are you visiting us? ☐ check-up ☐ pain ☐ advice ☐ new denture, crown or bridge
☐ second opinion ☐ other: _____

Are you in acute pain? ☐ yes ☐ no If yes, what is it like?

☐ constant pain ☐ with sweet / sour ☐ with hot / cold ☐ when chewing or biting

☐ also without pressure ☐ in the gums (pain, inflammation) ☐ in the jaw or jaw joint

5. Your health

Do you have, or have you had, any illness or complaint of the ...

heart or circulation	☐ yes ☐ no	liver	☐ yes ☐ no
kidneys	☐ yes ☐ no	stomach or bowel	☐ yes ☐ no
thyroid (☐ underactive ☐ overactive)	☐ yes ☐ no	spine	☐ yes ☐ no
joints (rheumatism)	☐ yes ☐ no		

Do you have, or have you had, ...

high blood pressure	☐ yes ☐ no	low blood pressure	☐ yes ☐ no
diabetes	☐ yes ☐ no	bleeding gums	☐ yes ☐ no
ringing in the ears / tinnitus	☐ yes ☐ no	epilepsy	☐ yes ☐ no
glaucoma	☐ yes ☐ no	osteoporosis	☐ yes ☐ no
tuberculosis	☐ yes ☐ no	an HIV infection	☐ yes ☐ no
hepatitis (type: ☐ A ☐ B ☐ C)	☐ yes ☐ no	allergies	☐ yes ☐ no

Allergies – to what? _____

Other infections or illnesses: _____

About your heart: do you have, or have you had, ...

☐ inflammation of a heart valve (endocarditis) ☐ angina pectoris ☐ a heart attack ☐ a pacemaker

Medicines: do you take ...

☐ heart medicines ☐ cortisone (corticosteroids) ☐ painkillers ☐ antidepressants ☐ bisphosphonates

☐ blood-thinning medicines, for example Marcumar (phenprocoumon) or aspirin

Which medicines exactly? Any other medicines: _____

Have you ever had a reaction to medicines or injections? ☐ yes ☐ no

If yes, to which? _____

Further questions

Are you pregnant? ☐ yes ☐ no ☐ not sure If yes, which week? _____

Do you smoke? ☐ yes ☐ no Do you grind your teeth? ☐ yes ☐ no ☐ I don't know

Do you feel under severe emotional strain? (optional) ☐ yes ☐ no

When and where were your teeth last X-rayed? _____

Questions or comments: _____

6. Information from the practice

Appointments

We set time aside for your appointment and keep it free for you alone. If you cannot keep an appointment, please cancel as early as possible and no later than 24 hours in advance: telephone +49 5254 65333 (the answering machine is fine) or email info@da-mvz.de.

Missed-appointment fee: The practice reserves the right to charge a missed-appointment fee of 25 euros if you do not attend an appointment and have not cancelled it at least 24 hours in advance. This does not apply if you are not responsible for missing it, for example in the event of an accident or sudden illness. You may prove that the practice suffered no loss or a smaller loss, for example because the appointment could be given to someone else; the amount charged is then reduced accordingly or waived.

Costs

Services that go beyond what your statutory health insurer covers are charged under the German Dental Fee Schedule (GOZ). We inform you in writing **before** treatment and conclude an agreement with you. You incur no private costs without your agreement.

Driving and road traffic

After dental treatment your fitness to drive may be impaired, possibly for up to 24 hours – because of the treatment itself, the local anaesthetic or medicines. In that case, please do not drive yourself. We will gladly call a taxi for you; you pay the fare yourself.

One more thing (optional)

How did you hear about our practice? _____

You can choose an appointment reminder by text message on page 2 of the "Patient information on data protection".

7. Signature

I have answered the questions to the best of my knowledge. I have read the practice information under 6 and agree to the rules on the missed-appointment fee.

Place, date

Patient's signature

Place, date

Signature of the legal representative (if any)

To be completed by the practice: update

Date	Changes (or "none")	Initials