Gemeinschaftspraxis für Kinder- & Jugendzahnheilkunde und Kieferorthopädie

Dr. Luise Sauer

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Last name of the patient		Last name of the insured	
First name of the patient	Date of birth	First name of the insured	Date of birth
Street, house number		Occupation of the insured	
Zip code, city		Phone	
Email		Employer	
Family dentist		Siblings of the patient in treatment	
Health insurance		Other	

	Yes	No
Has the patient received orthodontic treatment *before*? If yes, with whom/where: Dr. in	☐	☐
Are there any known non-progenitors of teeth in the family? If yes, what teeth?	☐	☐
If the patient suffers or has suffered from any of the above diseases?	☐	☐
☐ Rickets ☐ Diabetes ☐ Hepatitis ☐ Heart disease ☐ Epilepsy ☐		
Does the patient take medication? If yes, which?	☐	☐
Does the patient have problems with nasal breathing?	☐	☐
☐ Asthma ☐ Allergic Asthma ☐ Mouth breathing ☐ Snoring		
Does the patient have allergies or hay fever? I yes, against what?	☐	☐
Have any ear, nose, throat surgeries been performed?	☐	☐
☐ Palatal tonsils ☐ Pharyngeal tonsils („Polyps“) ☐ Parazentese (Tube in the eardrum) ☐ septum Nasal		

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At what age did the first milk tooth come? months

Did the patient suck as an infant? ☐ ☐

☐	Thumb	approx. until	years
☐	Finger	approx. until	years
☐	Pacifier	approx. until	years
☐	Other	approx. until	years

. Is there a malocclusion in the lip or tongue area? ☐ ☐

☐ Lip biting ☐ Lip sucking ☐ Lip licking
☐ Nail biting ☐ Pencil chewing ☐ Other

. Does or did the patient have a speech impediment? ☐ ☐

If yes, when and how long? months/years

If yes, what kind of disturbance?

Has a logopedic treatment (speech therapy) been performed? ☐ ☐

. Did the patient have an accident with consequences for the head and neck area? ☐ ☐

If yes, when?

with dental injuries? ☐ ☐

with tooth loss? ☐ ☐

with jaw fractures? ☐ ☐

Does the patient grind his teeth? ☐ ☐

Are there any TMJ clicking or discomfort? ☐ ☐

What hobbies does the patient have?

Sports:

Musical instruments:

Other:

Date, city

Insured resp. legal representative