



**Gemeinschaftspraxis
Dr. med. R. Graul/ M. Sc. L. Trentzsch
Informations- und Anamnesebogen**



Please answer the questions about your health situations appropriately. (Yes/No/Make augments eventually)
All informations and Data are due to medical confidentiality protected. They will be kept strictly confidential.
We are pleasing to help if there is incomplete question for you.

We would also point out the reserved appointments for you. The reservations should be taken place or cancelled before 48 hours in advance.

When the appointments are not taken place or cancelled , the patient must be invoiced.

| | | | |
|--------------------------|-------|--|-------|
| Name, Firstname: | _____ | <u>Or name if you are insured by family or parents</u> | _____ |
| Date of birth: | _____ | Name, Firstname: | _____ |
| Address /Street: | _____ | Date of birth: | _____ |
| Post code / City: | _____ | Street: | _____ |
| Tel. privat: | _____ | Post code / City: | _____ |
| Tel. work: | _____ | | |
| E-Mail: | _____ | | |
| Profession: | _____ | | |
| Dentist: | _____ | Family doctor: | _____ |

Health Care Insurance: gesetzlich krankenversichert privat krankenversichert beihilfeberechtigt
 privat Basistarif

Cardiological disease

| | | | |
|---|------------------------------|-----------------------------|-------|
| Blood pressure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Low blood pressure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Heart valve disease / Heart valve replacement | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Heart surgery / pacemaker | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Heart disease / infarction / rhythm disorders | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Endocarditis (heart inflammation) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Others | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

Infetious disease

| | | | |
|--------------|------------------------------|-----------------------------|-------|
| Tuberculosis | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Hepatitis | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| AIDS | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Others | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

Allergies to

| | | | |
|------------------------------|------------------------------|-----------------------------|-------|
| Antibiotics | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Painkiller | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Local anesthetics / syringes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Metals | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Dental materials | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Others | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

Other diseases

| | | | |
|---|------------------------------|-----------------------------|-------|
| Diseases of blood-forming organs / blood clotting disorders | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Asthma / Respiratory Diseases | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Diabetes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Seizure disorders (epilepsy) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Osteoporosis | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Cancer | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Renal dysfunction / liver disease | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Thyroid diseases | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Others | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

General data and information

| | | | |
|--|------------------------------|-----------------------------|--------------------------------|
| Had operations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Taking medications (please use back side if necessary) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Had X-Ray Pass? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Smokers / Alcohol consumption / Drug use | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ Which / How much: |

I undertake to be informed accordingly of any changes that occur during the entire treatment.

Leipzig, den _____

Signature _____



Gemeinschaftspraxis Dr. med. R. Graul/ M. Sc. L. Trentzsch
Reconnaissance - Local anaesthesia

Name, Firstname: _____
Date of birth: _____
Address: _____
Post code/City: _____

Local anaesthesia is used to eliminate the pain in the dental, oral, jaw and facial areas locally. Through them, the necessary treatments (such as fillings, root treatments, extractions, operations) can usually be performed comfortably.

Predominantly, this region is combined with the trigeminal nerve (a cranial nerve). The local anaesthesia is placed as close as possible to smaller nerve fibers (infiltration anaesthesia), in the tooth-holding apparatus and jawbone (intraalveolar anaesthesia) or near one of the three main branches of the nerve (conductive anaesthesia).

Although local anaesthesia is a safe method, some side effects and incompatibilities are not always preventable in advance.

In addition, the following complications may occur:

Hematoma (blood effusion): *By injuring small blood vessels, bleeding can enter the surrounding tissue. Bleeding into the chewing muscles, the injection can cause obstruction of opening mouth and pain, in very rare cases also infections. You should inform this case to your dentist for providing a appropriate treatment. Usually, it is successful to complete restoration of the function.*

Nerve damage: *In very rare cases, during conducting anaesthesia can occur irritation in nerve fibers. This could be for temporary or even permanent feeling's disturbances. The situation could be in particular to the injection in the lower jaw, which may be concerned to the half of the tongue or lower jaw or lip region. There is currently no special therapy. For the spontaneous healing must be waited. If the numbness has not completely subsided after 12 hours, please inform your dentist.*

The ability of behavior: *Local anaesthesia and dental treatment may influence the ability of reactivation and concentration. This is primarily not due to the drug, but rather to the stress and the anxiety of treatment as well as local irritation. Therefore, you should avoid participating in road traffic during this time.*

Self-harm: *If it is necessary to anaesthetize the surrounding soft tissues (for examples, tongue, cheeks, lips), please avoid eating as long as this condition exists. Besides biting injuries, burns and frostbite are also possible.*

Declaration of consent for oral local anaesthesia

(Please tick)

- I have read and understood the Enlightenment.***
- I always consider to be treated with local anaesthetic when it is necessary.***
- I never consider to be treated with local anaesthetic.***
- I would like to decide this individually.***

Leipzig, den _____ Signature _____