

MEDICAL HISTORY FORM FOR YOUR CHILD TO GATHER INFORMATION ABOUT YOUR CHILD



AVADENT KIDS!
Zahnmedizin einer neuen Generation.

Dear parents,
welcome to our dental office,

we, the team at AVADENT KIDS, would like to make your stay with us and that of your child as pleasant as possible. In order to ensure high-level care for your child and to address your child's individual health and personal needs effectively, we require information about your child's health in addition to its personal details. This is important for ensuring the most effective treatment with minimal risk. If you have any questions, we are here to assist you. Your information is subject to medical confidentiality according to § 203 of the German Criminal Code and will of course be treated confidentially.

PERSONAL INFORMATION ABOUT YOUR CHILD

Family name _____

First name _____

Date of birth _____

Place of birth _____

Street · House number _____

ZIP code · City _____

Pediatrician* _____

INSURED PARENT · LEGAL REPRESENTATIVE

Family name _____

First name _____

Date of birth _____

Street · House number _____

ZIP code · City _____

Phone (private) _____

Phone (mobile) ** _____

Email*** _____

Sole custody

Joint custody

Legal representative

Employer*** _____

Statutory insurance _____

Private insurance _____

Privately insured basic tariff

Expanse Reimbursement

Receiving long-term care benefits

Level of care (1–5)

Eligible for benefits

HOW DID YOU FIND US?**** (Please check where applicable)

Website

Google

Advertisement

Social media

Doctolib

Recommendation _____

Dentist referral _____

Please answer the health questions listed on the other side of the page so that we can better respond to your wishes and avoid general medical risks for your child. Your personal data will of course be treated confidentially.

* Voluntary information · if it makes sense to request documentation for your child's treatment, we will contact you for consent.

** Voluntary information · if you wish to be contacted by us about medical matters via this communication medium.

*** Voluntary information · may assist in treatment

**** Voluntary information · for this purpose, we collect internal practice statistics.

PLEASE TURN

A FEW THINGS WE WOULD LIKE TO KNOW ABOUT YOUR CHILD (Please check where applicable)

Does your child take medication regularly?

If yes, which ones? _____

Are you aware of any intolerance to certain medications?

If yes, which ones? _____

Has your child ever undergone dental treatment?

Does your child often breathe with their mouth open?

Does your child use a pacifier and / or a sucking bottle?

Does your child suck their thumb or fingers?

Have you observed teeth grinding or clenching in your child?

When did the first baby tooth eruption occur in infancy? _____

Is your child undergoing orthodontic treatment (braces)?

If yes, with whom? _____

HAS YOUR CHILD HAD ANY OF THE FOLLOWING ILLNESSES?

asthma

chronic bronchitis

heart disease

kidney disease

diabetes

genetic diseases

epilepsy

blood diseases · blood clotting disorders

infections (hepatitis · tuberculosis · HIV)

other general diseases

If yes, please specify _____

GENERAL INFORMATION

I confirm that I have provided all information completely and truthfully and undertake to report any changes in my health status throughout the entire treatment period. I agree that my personal data and that of my child, findings, and X-ray images that I brought with me and collected here, as well as index card entries and other records, may be accessed by all members and employees of AVADENT GmbH. I also consent to their potential use in anonymous form for scientific studies. I acknowledge receipt of the attached information on data protection. I have received a copy of this declaration of consent. I am aware that appointments at AVADENT GmbH are binding and that in the event of short-notice cancellations and no-shows, I will receive an invoice for the canceled appointment at the rate specified in §§ 611, 615 BGB.

Location · Date

Signature

INFORMATION ON THE PROTECTION OF YOUR PERSONAL DATA *note on voluntary information

I have been informed that I can revoke my consent for providing voluntary information, which serves as the legal basis for processing, at any time by written notice or email to the practice (responsible for my data) (Art. 7 Para. 3 GDPR). I understand that my withdrawal of consent, which can be done at any time, does not affect the lawfulness of the processing carried out based on the consent given before its withdrawal (Art. 7 Para. 3 Sentence 2 GDPR).

Location · Date

Signature

We sincerely thank you for taking the time to respond.

Your AVADENT team

AVADENT GMBH

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