Dr. Krasselt
Zahnarztpraxis

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Health sheet children

All information given is subject to medical confidentiality according to § 203 StGB and data privacy requirements and will be handled strictly confidential. Please give accurate and complete information. Please tick or underline the following questions and, if necessary, complete them. Thank you for your help!

Personal information

Surname, First name _____ Date of birth _____

Street/no. _____ Postcode/place _____

Phone (or from parents) _____ E-mail (please write clearly) _____

Pediatrician/orthodontist _____ Insured with _____

General anamnesis

Allergies/asthma	○ no	○ yes	_____
Heart disease	○ no	○ yes	_____
Frequent infections	○ no	○ yes	_____
Nose breathing disabled, snoring	○ no	○ yes	_____
Metabolic disease	○ no	○ yes	_____
Other diseases/disabilities	○ no	○ yes	_____

Medical anamnesis

Medication ○ no ○ yes

If yes, which one? Why? How often? Emergency medicines?

_____

Special anamnesis:

Oral hygiene: How often? _____ When? _____

○ independently ○ with support ○ manual toothbrush ○ electric toothbrush

Fluoride application: ○ pills ○ toothpaste ○ table salt ○ rejection

Diet: ○ breakfast ○ 2nd breakfast ○ lunch ○ late lunch meal ○ Dinner

○ snack between meals ○ snacks (no matter what)

Drinks in Kindergarten/school/leisure: _____

special dietary: _____

Do you need consultation with a specific problem? _____

What else do we need to know about your child? _____

Does your child have a level of care or a disability? ○ no ○ yes

Chemnitz, _____

Date Signature or signature of legal guardians