DR. STEFAN LORETAN
OMF-SURGERY

REGISTRATION AND MEDICAL HISTORY FORM

Surname, first name of the patient		Date of birth	Place of birth
Street, house number		ZIP / postcode, place of residence	
Telephone	Mobile	Email	Profession
Healthcare provider		Additional insurance	
Referring physician / dental professional		Family doctor	
Surname, first name of the insured person (should this be different to the patient)		Date of birth	Place of birth
Street, house number		ZIP / postcode, place of residence	
Telephone	Mobile	Email	Profession

HAVE YOU EVER OR ARE YOU NOW SUFFERING FROM THE FOLLOWING CONDITIONS?

HEART DISEASE ☐ yes ☐ no

☐ Endocarditis ☐ Heart-valve replacement ☐ Cardiac arrhythmia
☐ Pace maker ☐ Defibrillator ☐ Coronary heart disease
☐ Heart attack on: ____
☐ Bypass surgery on: ____
☐ Stent implantation on: ____
☐ other ____

COAGULATION DISORDER ☐ yes ☐ no

☐ Haemophilia ____ ☐ Factor ____ deficiency
☐ von Willebrand disease
☐ other ____

INFECTIOUS DISEASES ☐ yes ☐ no

☐ Hepatitis ____ ☐ HIV ☐ Tuberculosis
☐ other ____

ALLERGIES ☐ yes ☐ no

☐ Penicillin ☐ Latex
☐ other ____

BLOOD-PRESSURE CONDITION ☐ yes ☐ no

☐ high ☐ low ☐ receiving medical treatment

EYE CONDITION ☐ yes ☐ no

☐ Glaucoma (excess pressure inside the eye)
☐ other ____

KIDNEY DISEASE ☐ yes ☐ no

☐ Renal insufficiency
☐ other ____

LIVER DISEASE ☐ yes ☐ no

☐ Hepatic insufficiency ☐ Liver cirrhosis
☐ other ____

LUNG DISEASE ☐ yes ☐ no

☐ Asthma ☐ COPD
☐ other ____

TUMOR DISEASE ☐ yes ☐ no

☐ Breast cancer ☐ Prostate cancer
☐ other ____

OSTEOPOROSIS ☐ yes ☐ no ☐ receiving medical treatment

DIABETES ☐ yes ☐ no ☐ having to use insulin

OTHER CONDITIONS ☐ yes ☐ no

____

ARE YOU PREGNANT? ☐ yes ☐ no

____ month

DO YOU SMOKE? ☐ yes ☐ no

☐ ____ cigarettes / ☐ ____ packet(s) per day

Please turn

ARE YOU CURRENTLY TAKING ANY OF THE FOLLOWING TYPES OF MEDICATION OR HAVE YOU BEEN TREATED WITH THEM IN THE PAST?

ANTICOAGULANT ☐ yes ☐ no

☐ ASS 100 ☐ Plavix ☐ Marcumar ☐ Heparin

☐ Pradaxa ☐ Xarelto ☐ Eliquis

☐ other ______________________

BISPHOSPHONATE ☐ yes ☐ no

☐ Zometa ☐ Aredia ☐ Bondronat

☐ Bonviva ☐ Alendronat ☐ Fosamax

☐ Actonel ☐ Skelid ☐ Ostac

☐ Bonefos ☐ Didronel ☐ Diphos (Denosumab)

☐ other ______________________

OTHER MEDICATION ☐ yes ☐ no

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Please let your treating medical professional know in a confidential conversation whether or not you have an addiction or if you had one in the past (alcohol, medication, drugs). This information is crucial for us given that we must take this into careful consideration in our treatment.
All the information you provide will, of course, be treated as highly confidential and it will be handled according to all the data-protection guidelines!

HOW DID YOU HEAR ABOUT US?

☐ Recommendation: Who recommended us to you? ______________________

☐ Internet (review portal / search engine / website) ______________________

☐ Phone book / Yellow Pages ☐ other ______________________

DEAR PATIENT,

Should you not be able to come for your appointment, please let us know at least 24 hours in advance. We would like to make you aware of the fact that appointments not cancelled on time or failure to come to an appointment will result in the patient being charged for the lost and costly working hours. This is in accordance with a court ruling of Fulda Regional Court of 16 / 05 / 2002 (ref. 34 C 120 / 02 / D).

Thank you for your cooperation!
Dr. Loretan and the practice team

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Date Signature of the patient or their legal guardian

DR. STEFAN LORETAN
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