MEDICAL HISTORY QUESTIONNAIRE

UNIVERSITY CLINIC OF DENTISTRY
MEDICAL UNIVERSITY OF VIENNA

Name:	Telephone:
Address:	E-Mail:

1	What is your main concern?		
2a	Were you referred to us? If so, by whom?	Yes	No
2b	Who is your dentist?.....		
3	Do you smoke – or have you ever smoked? If so, how much?	Yes	No
4	Do you drink alcoholic beverages? If so, how much?	Yes	No
5	Are you undergoing medical treatment? e.g. family doctor, internist, …	Yes	No
6	Have you been in hospital recently?	Yes	No
7	Do you regularly take medication / regularly receive injections? If so, which?	Yes	No
8	Do you suffer from allergies? e.g. allergy to medication, metals, pollen, … If so, to what …..	Yes	No
9	Are you pregnant?	Yes	No
10	Do you suffer from an infectious disease? e.g. hepatitis A, B, C, non A-B, HIV/AIDS,TBC, gonorrhoea, syphilis, …	Yes	No
11	Do you bleed for a long time after an injury?	Yes	No
12	Do you take anti-coagulants? e.g. Marcoumar, Xarelto, Aspirin, Plavix, Thrombo-Ass, …	Yes	No
13	Do you suffer from a cardiovascular illness? e.g. heart attack, angina pectoris, dysrhythmia, cardiac defect, valve replacement, blood pressure	Yes	No
14	Do you have a pacemaker?	Yes	No
15	Do you suffer from a disease of the haemopoietic system? e.g. leukaemia, lymphoma, agranulocytosis, anaemia, haemophilia, …	Yes	No
16	Do you suffer from an illness of the blood vessels? e.g. migraine, varicosity, venous suffering, thrombosis, …	Yes	No
17	Do you suffer from a disease of the respiratory system? e.g. asthma, chronic bronchitis, tuberculosis, tumour, …	Yes	No
18	Do you suffer from a disease of the digestive system? e.g. liver, stomach-intestine, pancreas, …	Yes	No
19	Do you suffer from a disease of the nervous system? e.g. stroke, epilepsy, MS, neuralgia-trifacial neuralgic syndrome, lumbago, …	Yes	No
20	Do you have a metabolic or hormonal disorder? e.g. diabetes, gout, adrenal gland, thyroid gland, … If so, since when? …..	Yes	No
21	Must you take insulin? If so, since when?	Yes	No
22	Do you have mental or emotional problems? e.g. anxiety, depression, schizophrenia, neurosis, ...	Yes	No
23	Do you suffer from a disease of the kidneys, urinary bladder, prostate gland? e.g. inflammation, tumour, …	Yes	No
24	Do you suffer from a rheumatic illness? e.g. rheumatic fever, Polyarthritis, Bechterew's Disease, …	Yes	No

25	Do you suffer from a disease of the auto-immune system? e.g. lupus erythematodes, panarteritis nodosa, dermatomyositis, sclerodermia, ...	Yes	No
26	Do you suffer from a disorder of the locomotor system? e.g. osteoporosis, …	Yes	No
27	Do you suffer from a disease of the eye? e.g. glaucoma, ...	Yes	No
28	Do you have or have you had a tumor disease / chemotherapy / radiotherapy? If so, which?		
29	Other illnesses? e.g. Transplantations, immunosuppression, …	Yes	No

		very often	often	some-times	rarely	never
30	During the past month, did you experience difficulties while chewing food due to prolbems with your teeth, in the area of the mouth or with your dental prothesis?					
31	Have you suffered pain in the mouth during the past month?					
32	During the past month, did you feel unwell / uncomfortable about the look of your teeth or your dental prosthesis?					
33	During the past month, did you have the impression that the taste of your food had deteriorated due to problems with your teeth, in the area of the mouth or with your dental prosthesis?					
34	During the past month, did you have trouble with your day-to-day activities due to problems with your teeth, in the area of the mouth or with your dental prosthesis?					

Priority category insurance policy: ☐ yes ☐ no Company**:** ……..…… Policy no.: ……..……..	Supplementary dental insurance**:** ☐ yes ☐ no

I have taken note, that I must render information on any change of my personal or medical data as soon as possible to have a best possible treatment and care guaranteed.

We would kindly ask you to carefully read the following paragraphs and to confirm your consent with your signature

INFORMATION

- The University Dental Clinic Vienna is a training institute. I duly take note, that the treatments also might be executed by students under the supervision of a medical doctor.
- I take note, that the organisation of clinic and training causes, that the treatment procedure is divided in many interim steps, which need to be controlled by dentists. The total procedure requires a considerable amount of time, particularly if pre-treatments or the collaboration of the different clinical faculties are necessary.
- The treatment at the University Dental Clinic Vienna provides a holistic concept for the cleaning of the chewing organ, so that the treatment period may extend beyond months or years.
- I take note, that to document the treatment procedure, photo or video footage are recorded during the treatment period and in the follow-up care, and that these possibly will be used in pseudomised manner in scientific researches.
- I take note, to cancel agreed appointments by timely notice. In case of unexcused non-appearance of the appointment I will be subject to an invoice fee of € 107.00.

Vienna, Date

Signature Patient
or legal representative