

Anamnesis

Dear patient!

Due to the great interest in our metal free Implant System, developed by Dr. Volz, we are only able to take new patients under certain conditions.

To guarantee our patients a most effective first examination, it is important for us to be informed about your troubles, your state of health (both body and mouth) as well as your wishes.

By collecting this information, we can estimate the necessary time to be afforded (can be up to 2,5 h), the urgency as well as the costs.

For these reasons we have prepared a questionnaire for you which we kindly ask you to complete and return to us. Furthermore we need current X-Rays (not older than 3 months) that have been taken or must be taken by your dentist or in our Clinic.

After receipt of these documents, we will call you or send an email to you for a reservation as well as to inform about the first payment rate concerning the first examination.

This payment has to be in our account at least 14 days in advance of the date. Otherwise we will cancel the date and pass it on to another patient.

Please do not call our office before we have received the documents because our office is very busy!

For the first examination date we will be at your disposal for the entire time. This date involves:

- short conversation based on this questionnaire
- anamnesis of meridians
- examination of mouth and teeth
- teeth vitality testing
- OroTox dental analysis to determine the root level inflammation teeth
- metal-situation / electricity in the mouth
- photos
- short examination of jaw, bite movement etc.
- talking about the results of the examination and therapy as well as making a first date of treatment (if necessary).
- about 14 days later, you will receive a plan of results, diagnosis and therapy (3 to 6 pages), containing X-rays, photos etc. as well as an estimate of costs.

Dependant on your individual situation this first examination can take from 1 to 2, 5 hours. One hour costs € 200,--.

Thank you for your cooperation
Tagesklinik Dr. Volz & Dr. Scholz Team

Now the questions:

Complaints:

Please give us a brief summary of your request, for ex. your troubles , interest / questions concerning implants, removal of Amalgam fillings etc.

Acute troubles:

Pain in mouth or teeth? Where? When? Appearing? since when:

Dental anamnesis / case history:

Which kind of dental treatments have been carried out in the last 3 years?

Jaw:

Troubles / pain in jaw?

Is there any cracking noise , gnashing or rubbing? Which side?

Teeth in right position when biting?

Limitation of movement when opening the mouth or moving to one side?

Chronic headache? How often? Where (region)?

Pain in cervical vertebra, neck and shoulders?

Chronic ear infections, pain, tinnitus etc?

Problems with eyes, strong visual disorder, high eye pressure etc?

Accident by ski, car, motorcycle etc. with participation of the cervical vertebra?

Orthodontic treatment in the past?

Anamnesis:

Existing general diseases for ex. cancer, MS etc.? Since when?

Trouble with joints? Shoulder, knees, hips etc. Please give details.

Chronic inflammation of sinus?

Disorder / disease of thyroid gland, liver, gallbladder etc?

Trouble with stomach / intestine? Please give details.

Women:

Diseases in region of breasts? Cysts, swellings, tumours?

In region of bladder, kidneys etc? Abdominal region?

Men: prostate gland?

Asthma / lung diseases, bronchitis etc?

Cardiovascular diseases? Abnormal blood pressure, valvular defect etc?

General state of energy? Healthy and powerful or more chronically tired?

There is a connection between many diseases and teeth – with these details you will help us - in connection with X-rays - to see this and to be able to create a constant and healthy situation in your mouth as well as to improve your health situation in general.

We kindly ask you to send this questionnaire to us by post at the following address:

Tagesklinik Dr. Volz & Scholz
Lohnerhofstr. 2
D-78467 Konstanz
or fax to:
+49 7531 99 16 04
or mail to:
info@zahnklinik.de

Please write your address in printed letters, so we can contact you correctly.

first and last name

date of birth

street/ no.

country, code, city

email address (important)

phone office

phone private

mobile no.

fax

profession

firm / employer

insurance

member (if not insured itself)

referred by

We kindly ask for your understanding that dates which are not cancelled 24 h at the latest in advance must be charged with € 200,-- per hour.

place of issue date

signature

Banking:
Volksbank Überlingen • BLZ 690 618 00 • Kto 606 75 06
IBAN: DE13 6906 1800 0006 0675 06
BIC : GENODE61UBE