

MEDICAL HISTORY QUESTIONNAIRE & CONSENT FORM

Patient no.: _____

PLEASE FILL IN USING BLOCK CAPITALS

Dear Patient, Dear Parents

Welcome to our Paedodontic Clinic. In your first visit we are going to conduct an in-depth examination of the current situation of your teeth, jaws and masticatory muscles and answer all your questions.

A team is available in our practice for you personal advice, care and treatment experienced orthodontist, dentists and specially trained dental assistants to disposal.

Please answer the following questionnaire conscientiously to help us with the diagnosis. If necessary, you may request our assistants' help. All the information given will be kept in confidence.

We wish you a pleasant time in our clinic
 Your orthodontic team

Personal data

Last name: _____ First name: _____

Street address: _____ Postal code / city: _____

For patients under 18: Father's name / Mother's name _____

How and when can we get in touch with you? _____

Home phone: _____ Mobile phone: _____

Date of birth (DD/MM/YYYY) _____ Occupation (Parents): _____

Email: _____

(By providing your email address, you agree that we may send you confidential data electronically regarding appointments, invoices, medical reports, etc.)

If AHV / IV or social welfare office is assuming the cost of treatment: Name / adress: _____

Name / adress of your family or school doctor / dentist: _____ in: _____

How did you hear about us?

dentist acquaintances internet / media family / siblings

Should we send a clinical report to your family dentist? Y N

Insurance company: _____ Y N

Would you like an estimate? Y N

Have you ever had orthodontic treatment? Y N

Does your child currently have an acute toothache?

Has your child ever had a negative experience at the dentist?

Is your child afraid of dental treatments? Yes / always sometimes / a little no / never

Zahnarzt Team Luzern and its partners in Switzerland and the EU would like to email you offers and information from time to time that may be of interest to you. If you do **not** wish to make use of this service, please tick the box at the left. You can also revoke this consent at any later time.

Nutrition

- Does your child eat a lot of sweets? Y N
- Did your child drink from a feeding bottle? Y N
- If so, what? _____ How long / still? _____
- Did your child suck his thumb or pacifier? Y N
- If so, to what? _____ How long / still? _____

Health issues

Many diseases can have an impact on dental treatment. By completing this questionnaire, you are providing us with important information about the state of your or your children's health and enabling us to tailor treatment to you.

Your information will be treated in strict confidence and is subject to medical confidentiality.

- Are any medications being taken? If yes, which ones? _____ Y N
- Does your child have any congenital diseases? If yes, which ones? _____ Y N
- Has your child received any medical treatment recently? Y N
- If so, because of what condition? _____
- Does your child suffer from a heart defect or other heart disease? Y N
- If so, which? _____
- Is there an allergy? If yes, to what? _____ Y N
- Is your child hypersensitive to certain medications or materials? Y N
- If so, which ones? _____
- Does it suffer from asthma or hay fever? Y N
- Is there a bleeding tendency (hemophilia)? Y N
- If yes, possibly due to which disease? _____
- Is your child HIV positive or has AIDS? Y N
- Does your child suffer from jaundice (hepatitis)? A B C Y N
- If yes, when was the disease diagnosed? _____
- Are there any circulatory diseases? Y N
- Does the patient have diabetes? Y N
- Does your child suffer from epilepsy, seizures? Y N
- Does your child have a tumor disease (cancer, leukemia)? Y N
- If yes, which / when? _____
- Does your child suffer from any other conditions not previously listed? Y N
- If so, which ones? _____
- Are there any complaints in the area of the temporomandibular joints? Y N
- Have you had or do you have any injuries in the maxillofacial area? If yes, which ones? _____ Y N
- Have any x-rays been taken in the last 12 months? Y N
- If yes, when and from which part of the body? _____
- Were the teeth ever impacted in an accident / fall? If yes, when? _____ Y N
- Are there any other illnesses, surgeries or disabilities? _____ Y N
- For women: Is there a pregnancy? Y N
- Thank you for providing these details!

We kindly ask you to notify us of any postponements or cancellations at least 24 hours in advance. Should you fail to provide such notification, we reserve the right to charge you for the appointment not kept. In addition, we refer to our General Terms and Conditions, which are available at www.zahnarzt-team-luzern.ch and apply to the contractual relationship between you and us.

I hereby certify that the information I have provided is correct and that I am in agreement with the consent form on the following page.

Place / date: _____

Signature: _____
(for patients under 18 signature of your parents)

Processing of personal data

The personal data requested in this medical history questionnaire and the personal data collected on the occasion of the medical treatment (course of illness, health data, X-rays and other images, photos, treatment options, treatments carried out, medical clarifications, etc.) are used for the purposes of medical treatment, invoicing, credit assessment and debt collection. In addition, the personal data may be used to send you offers and information unless ticked above as unwelcome. The personal data will be stored in a patient management system in accordance with applicable legal regulations. Depending upon our contract with you, the legal basis for data processing involves fulfilment of the contract with you, our overriding legitimate interests and/or your consent. We process and store your data only for as long as is necessary in accordance with the purpose of the processing in question or for as long as there remains any other legal basis for doing so (e.g., statutory retention and limitation periods). The data that we retain under our contractual relationship with you are held by us at least for as long as this contractual relationship continues and any limitation periods for possible claims by us remain unexpired or for as long as any contractual retention obligations exist.

Should it be useful for the medical treatment, information and/or documents on previous (dental) medical treatments may be obtained from your previous doctor or dentist. In this respect, you release us as well as the requested doctor or dentist from the obligations of medical and professional confidentiality in accordance with the Data Protection Act.

The party responsible for the collected personal data is Zahnarzt Team Luzern – Praxis Dr. Schulte AG, with its registered office at Winkelriedstrasse 37, 6003 Lucerne. The employees of Zahnarzt Team Luzern – Praxis Dr. Schulte AG may access and process this data for the above-mentioned purposes. In addition, the personal data may be disclosed to the following third parties in Switzerland and the EU on the basis of your express consent and, in this respect, you hereby release us from the medical confidentiality obligation and the professional confidentiality obligation pursuant to the Data Protection Act and agree the disclosure of data to the following third parties to the extent set out below:

- To dental and other laboratories, should this be necessary for medical treatment;
- To other physicians, health care professionals and medical institutions if you ask us to do so or if they request us to do this on your behalf;
- To health, accident and other insurance companies as well as authorities or government institutions where necessary for medical treatment, billing or invoicing;
- To external IT service providers for support of our software and hardware;
- To other companies and clinics of the Zahnarzt Team Luzern – Praxis Dr. Schulte AG and/or to external service providers for their support in connection with invoicing, administrative activities, credit assessment and debt collection; your personal data, in particular your creditworthiness data, will also be passed on to specialised service providers for the purpose of credit assessment and the maintenance of corresponding databases; furthermore, this credit assessment is based on automatic processes and decisions, and it can have an impact on the availability of payment methods;
- To service providers (e.g., attorneys and debt collection agencies) and authorities (e.g., supervisory authorities, debt enforcement and bankruptcy authorities, justices of the peace, courts) providing support in connection with our collection of debts;
- To MF Group AG in St. Gallen for the purpose of settlement (including assignment of the claim), credit assessment and assertion of the claim as well as to its financing partner in Germany for the purpose of onward transfer and assertion of the claim; your personal and/or creditworthiness data will also be passed on to specialised service companies for the purpose of credit assessment and maintenance of corresponding databases;
- To external partners for the purpose of sending you offers and information unless ticked above as unwelcome.

In the event that personal data are disclosed to a third party in Switzerland or the EU, disclosure is limited exclusively to data required to achieve the corresponding purpose.

You have the right to obtain information concerning the processing of the personal data concerning you and in particular to request correction and/or deletion of the data. In cases where data processing is based on your consent, you also have the right to revoke your consent at any time with future effect. This right has no effect, however, on the lawfulness of the data processing carried out on the basis of your consent up to the point where this consent is revoked. You also have the right to enforce your claims in court or to file a complaint with the competent data protection authority. The competent data protection authority in Switzerland is the Federal Data Protection and Information Commissioner (<http://www.edoeb.admin.ch>). Should you have any questions concerning data protection, please contact praxis@ztl.ch.