

Case history Praxis Dr. Katrin Nauert

Patient

Name: _____ Date of birth : _____
First name: _____
Address: _____
Postal Code, place: _____
Phone number: _____ Job: _____

Recommended by: _____

Dentist: _____

Diseases

ADHD
Allergies (rashes)
Asthma
Nosocomial Infection
Hepatitis/HIV
Tuberculosis
Diabetes
Other particular diseases? _____
Prescription drugs? _____

General

Regular visits to the dentist ?
Dummy?
Thumb-sucking?
Finger-sucking?
Bruxism of teeth?
Snoring?
Accident?

The Insured - if different :

Name: _____
First name: _____
Date of birth: _____
Address: _____
Postal Code, place : _____
Phone number: _____
E-mail: _____
Job: _____

Legal Guardian

Name: _____
First name: _____
Date of birth: _____
Address: _____
Postal Code, place: _____
Phone number: _____
E-mail: _____
Job: _____

Health insurance company : _____

In the case of non-presentation of the health insurance card, I agree to settle the services provided privately.

Sulzbach, the _____

(Signature of the legal guardian)