Registration Form

Mrs. Dr. Ulrike Withelm, Hauptstr. 1, 69117 Heidelberg

Patient:_____
Surname First name Date of Birth Health Insurance

Family member insured:_____
Surname First name Date of Birth

Adress:_____
Street Postal Code/Town Telephone

Employer:_____ Profession:_____

Are you entitled to receive the German health care allowance public servants?

Were we recommended to you by someone?

Are you in dental treatment at the moment? If yes, why?	☐ Yes	☐ No
Do you take any medication regular? If so, what medication and for what reason?	☐ Yes	☐ No
Do you suffer from any ear throat or nose illness? If yes, please comment:	☐ Yes	☐ No
Have your tonsils or adnoids been removed?	☐ Yes	☐ No
Do you bleed longer or cuts take longer to heal than normal?	☐ Yes	☐ No
Have you ever suffered from any of the following illnesses: Hepatitis, tuberculosis, allergies? If so, when did they occur?	☐ Yes	☐ No
Are you hypersensitives to any medication?	☐ Yes	☐ No
Have you ever had an accident concerning your head/neck?	☐ Yes	☐ No
For female Patients: are you pregnant? If so, how many months? If a pregnancy should develop in the course of the treatment, Please notify us immediately.	☐ Yes	☐ No
Have you had an x-ray treatment during the last 12 months?	☐ Yes	☐ No

Date:_____ Signature:_____