

Dear Patient, Dear Parents,

Welcome to our specialist practice for orthodontics and teeth position correction. During your first visit, we will first conduct a thorough examination of the condition and function of your teeth, jaw and chewing muscles. We will gladly take the time to discuss your problems and questions with you in detail.

An experienced team of orthodontists, dentists and specially trained dental assistants is available in our practice for your personal consultation, care and treatment.

Please answer the questions below carefully; they will help us to make a diagnosis. If necessary, our assistants will also be happy to help you fill out the form. Your information will be treated confidentially.

We wish you a pleasant stay in our practice  
Your specialist practice for orthodontics, HeidenSmile

## Personal data

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Street address: \_\_\_\_\_ Postal code / city: \_\_\_\_\_

For children: Legal representative (parents) \_\_\_\_\_

Home phone: \_\_\_\_\_ Mob.: \_\_\_\_\_

Date of birth (DD/MM/YYYY) \_\_\_\_ . \_\_\_\_ . \_\_\_\_ . \_\_\_\_

Email: \_\_\_\_\_

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

Who is the family or school dentist? \_\_\_\_\_ in: \_\_\_\_\_

How did you hear about us?

dentist       relatives       internet / media       family / siblings

Would you like a report (free of charge) on the examination to your dentist?  Y  N

Health insurance: \_\_\_\_\_

Do you have additional insurance (teeth?)  Y  N

Would you like a cost estimate?  Y  N

Has there been any previous orthodontic treatment (braces)?  Y  N

What was worn:  removable brace       fixed brace

Does the dentist perform dental hygiene measures on a regular basis?  Y  N

Has your child been diagnosed with a speech defect? If yes, has speech therapy already taken place? If yes, with whom? (name / place) \_\_\_\_\_  Y  N

HeidenSmile 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.

## Family medical history

Does your child currently have acute toothache?  Y  N

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

Does a parent have or have had malocclusions? Who? \_\_\_\_\_  Y  N

Do siblings have or have had malocclusions?  Y  N

Are there any known non-unions or supernumerary teeth in the family?  Y  N

How would you rate your child's sense of order regarding wearing/caring for braces?  
 good and independent  with instruction from \_\_\_\_\_  bad

What recreational activity does your child engage in? \_\_\_\_\_

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? \_\_\_\_\_

Does your child breathe more through the mouth than the nose?  Y  N

Have you noticed teeth grinding in your child?  Y  N

Does your child snore?  Y  N

Is your child often sick (more than 2x a year)?  Y  N

What else should we know about your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Health issues

Many diseases can have an impact on dental treatment. By completing this questionnaire, you are providing us with important information about your health / your child'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 yes, because of which disease? \_\_\_\_\_

Does your child suffer from a heart defect or other heart disease?  Y  N

If so, which ones? \_\_\_\_\_

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 suffering from 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 very much for your information!

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.kieferorthopaedie-heiden.ch](http://www.kieferorthopaedie-heiden.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 agree to the consent form on the following page.

Place / date: \_\_\_\_\_

Signature: \_\_\_\_\_  
 (for minors signature of 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 HeidenSmile AG, with its registered office at Nelkenweg 3, 9410 Heiden. The employees of HeidenSmile 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 HeidenSmile 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@kieferorthopaedie-heiden.ch](mailto:praxis@kieferorthopaedie-heiden.ch).