



Personal information

Last name: _____ First name: _____

Street address: _____ Postal code / city: _____

Date of birth: D D . M M . Y Y Y Y Gender: female male

Legal representative: _____ Date of birth: D D . M M . Y Y Y Y

Home phone: _____ Office phone: _____ Mobile phone: _____

If you do **not** wish to receive a reminder via SMS, please tick this box.

Nationality: _____

Email: _____ Profession / title: _____

Employer (name / address): _____

If AHV / IV or social welfare office is assuming treatment: Name / address: _____

Name / address of your family doctor / dentist: _____

Do you have supplementary dental insurance? If yes, which insurance? _____

How did you hear about us?

Referral from: doctor dentist Name: _____

recommendation Google social media (e.g. FB, Insta., LinkedIn) other: _____

swiss smile would like to send you email offers and information from time to time that could be of interest to you. If you are **not** interested in using this service, please tick the box at the left. You can also revoke your consent at a later time.

Health-related questions

Many diseases can affect dental treatment. By filling out this questionnaire, you give us important information about the state of your health and enable us to adapt the treatment individually to you. Your information will be held in strict confidence and is subject to medical confidentiality requirements.

Reason for consultation: _____

Are you visiting us due to an accident? If so, date of accident: _____ Y N

Special request: _____

Have you been under medical treatment recently? Y N
If so, for what? _____

Have you had a hospital stay or accident in the last 5 years? Y N
If yes, list reason / type of injury? _____

Do you have a medical identity card / passport (for example, because of antibiotic screening, blood thinning, pacemaker, joint replacement and/or organ transplant)? _____ Y N

Do you have or have you had hepatitis (jaundice)? Y N

Are you HIV positive or suffering from AIDS? Y N

Heart disease:

- Endocarditis (inflammation of the inner lining of the heart) Y N
- Heart valve defect / artificial heart valves Y N
- Angina pectoris Y N
- Heart attack Y N
- Too high / too low blood pressure Y N
- Pacemaker Y N

Blood diseases:

- Anaemia Y N
- Do you bleed a length from injuries? Do you have haemophilia (tendency to bleed)? Y N
- Are you anticoagulated (blood thinning)? Y N
- Do you bruise easily? Y N

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- Do you suffer from circulatory disorders such as fainting spells? Y N
 - Do you have diabetes? Y N
 - Do you suffer from acid reflux, heartburn and/or frequent vomiting? Y N
 - Do you have any allergies? If yes, which ones? _____ Y N
 - Are you hypersensitive to syringes? Y N
 - Do you suffer from breathing problems (asthma, bronchitis and/or hay fever)? Y N
 - Do you suffer from tension / head and/or neck pain? Y N
 - Have you ever had rheumatism, osteoporosis, joint problems and/or organ transplants? Y N
 - Do you have artificial joints (hips, knees)? Y N
 - Are you currently taking medication on a regular basis? If yes, which ones? _____ Y N

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- Are you satisfied with the condition / appearance of your teeth? If no, what bothers you? _____ Y N
 - Have you ever had problems with previous dental problems? If yes, which ones? _____ Y N
 - Have you ever had a serious jaw and/or facial accident? Y N
 - Have you ever been operated on or irradiated in the mouth and/or lip area? Y N

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- Do you smoke? How much? _____ Y N
 - Do you drink alcohol regularly? Y N
 - Do you use drugs? If yes, which ones? _____ Y N
 - Do you suffer from epilepsy? Y N
 - Do you have any other serious illnesses? Y N
 - Are you taking „the pill“ (oral contraceptive)? Y N
 - Are you currently pregnant? In which week? _____ Y N
 - Have you been informed about direct payment? Y N

We kindly ask you to inform us at least 24 hours in advance regarding any changes in dates. We otherwise reserve the right to charge for the missed appointment. For all else, we refer you to our General Terms and Conditions available at www.swiss-smile.com which apply to the contractual relationship between you and us.

The personal data requested in this medical history questionnaire and those collected during medical treatment (medical history, health data, x-ray and other images, photographs, treatment options, treatments performed, medical information, etc.) are used for medical treatment, invoicing, credit assessment and collection purposes. In addition, these data may be used to send you advertising for our services and offers unless marked above as unwelcome. These personal data are saved and stored in a patient management system in accordance with the provisions of the cantonal health law for the duration of the statutory period.

If required for medical treatment, information and documents on previous (dental) medical treatments may be obtained from your previous (dental) doctor. In this respect, you release us as well as the dentist being consulted from the obligation of medical secrecy.

The responsible data collection agency is swiss smile Schweiz AG (clinics Bahnhofstrasse and Hauptbahnhof/ShopVille), Bahnhofstrasse 110, 8001 Zürich. The employees of swiss smile Schweiz AG can inspect and process these data for the purposes mentioned above.

In addition, the data may be disclosed to the following third parties, and you release us in this respect from the obligation of medical secrecy:

- To dental and other laboratories if required for medical treatment;
- To other companies of the swiss smile Group and/or to external service companies that support us in connection with invoicing, credit assessment and debt collection in Switzerland and abroad; Your personal data and creditworthiness data will also be passed on to specialised service companies for the purpose of credit assessment and maintenance of corresponding databases; our credit assessment is based on automatic processes and has an impact on the payment methods available;
- To other companies and clinics of the swiss smile Group and their dental and administrative staff as required for dental treatment, notably at another location of the the swiss smile Group;
- To health, accident and other insurance companies as well as authorities or government institutions as required for medical treatment or invoicing;
- To external IT service providers in support of our software and hardware.

If personal data are disclosed to a third party, only those data necessary to achieving the respective purpose will be disclosed.

You have the right to receive information about your stored and processed personal data as well as to demand their correction and - if legally required - deletion. If you have any questions about data protection, please contact datenschutz@swiss-smile.com.

I hereby confirm that the data provided by me are correct and that I agree with the processing of my personal data as described above.

Place / date: _____

Signature: _____