

Patient questionnaire / registration form

Patient

♀ female

♂ male



Dr. Jessica Körner
& Kollegen
Kieferorthopädie

Last name _____ First name _____ Date of birth _____

Address _____ ZIP code/City _____

Phone (Mobile/Cell) _____ Phone (Landline) _____ Email _____

ONLY FOR CHILDREN/ADOLESCENTS

Legal guardian

♀ female

♂ male

Last name _____ First name _____ Date of birth _____

Address _____ ZIP code/City _____

Phone (Mobile/Cell) _____ Phone (Landline) _____ Email _____

Is the child/minor living with its parents Yes No , where: _____

Who is/are the legal guardian(s) _____

Health insurance

statutory insurance
privat insurance

private supplemental insurance (orthodontic treatment)
eligible for aid as a civil servant

General health

General/systemic diseases No Yes ,
Infectious diseases (e.g. Covid, HIV) No Yes , contagious No Yes
Allergies No Yes ,
Presently under medical treatment No Yes ,
Current medication(s) No Yes ,
Medication/Drug intolerance(s) No Yes ,

Questions related to dental health

Orthodontic consultation No Yes , when where
Orthodontic treatment No Yes , when where
Traumatically injured or lost teeth No Yes , when which tooth/teeth
Orofacial pain No Yes , location frequency
Playing of a wind instrument No Yes , what kind
Sucking habit (e.g. thumb sucking) No Yes , currently in the past , until what age
Mainly breathing through..... Nose Mouth
Additional important information (e.g. endocarditis prophylaxis)

Family dentist Address

Prophylactic treatment at the family dentist No Yes

Why do you want an orthodontic consultation/treatment

Aesthetics Functional reasons Pre-prosthetics Other reasons

How did you become aware of our orthodontic practice web other/recommendation , what/who

I agree to receive text-messages regarding my appointments

I certify that the information provided in this form is correct and complete.

I hereby give consent for the collected data to be processed and stored by Dr. Körner & Colleagues, 67059 Ludwigshafen if necessary for carrying out the treatment. Upon completion of the treatment, the collected data will be archived for the legally-required storage period and thereafter deleted. More information regarding data protection can be found on the reverse.

Ludwigshafen, _____ Signature _____

Patient information regarding privacy and data protection

Right to information

§ 34 of the Federal Data Protection Act grants you the right to learn what information this practice holds about you, including:

- personal information (stored in an electronic data base or through other methods, e.g. a paper file or filing card),
- the origin of these data (this can only be provided if information about the origin has been stored - such storage is not in every case mandatory),
- recipients or categories of recipients, and
- the purpose of the storage.

In general, information will be supplied free of charge.

Only information- and credit agencies (e.g. SCHUFA) are allowed under certain conditions to charge for the information they provide.

Revocation of your consent to data storage and processing

You have the right to revoke your consent to data storage and processing at any time.

The revocation will take effect from the day your request is received onwards and will not affect already processed data.

Right to file a complaint with a data protection agency

As an affected person, you have the right to file a complaint with the responsible regulatory agency.

Further rights

As an affected person, you also have the right to request:

- deletion,
- rectification and
- blocking

of your personal data or data relating to you.