



**ZÜRI ZAHNI**  
CANO + ZIMMERMANN @ WRIGHT PLACE

# General questionnaire orthodontics

## 1. PATIENTS DATA

Name ..... Firstname ..... Date of birth .....  
 Martial status  single  married  widowed  divorced Gender  female  male  
 Nationality ..... Profession ..... Employer .....

### The data of the guardian for children (under 18)

Name ..... Firstname ..... Date of birth .....  
 Martial status  single  married  widowed  divorced Gender  female  male  
 Nationality ..... Profession ..... Employer .....

### The address

Street .....  
 Zip code ..... Residence ..... Country .....

### Telephone

Privat ..... Business ..... Mobile .....  
 E-mail .....

### Supplementary health insurance

Do you have supplementary dental insurance?  Yes  No  
 Name of the insurance company .....  
 Loan coverage .....% Services per year.....% .CHF Services per case.....CHF

### Additional information

How did you hear about our dental practice? .....  
 Previous dentist ..... Zip code .....  
 Family doctor ..... Zip code .....  
 Health insurance/AHV no. ....  
 Transfer by Dr. ....

## 2. HEALTH MEDICAL HISTORY

Do you / your child have or have you had the following general illnesses?  
 Respiratory / Lung disease  Diabetes  Epilepsy  
 Common headaches / migraines  Rheumatism  Osteoporosis  
 Cancer / Tumour  Infectious diseases such as jaundice (hepatitis), AIDS, tuberculosis or other?  
 Do you have any other illness that is not listed?  
 .....

Do you / your child have a prosthesis or other medical device?  Yes  No  
 Do you / your child have an endocarditis pass or do you / your child need antibiotic shielding from dental procedures?  Yes  No  
 Have you / your child been under medical treatment or in hospital recently?  
 Yes. Why? .....  No



Are you / your child taking any medications?

Yes. Which?.....  No

Are you / your child prone to bleeding?

Yes  No

Do you / your child have any allergies?

Yes. Which?.....  No

Have you / your child ever had an operation?

Yes. Which? .....  No

Female patients: Are you pregnant?

Yes  No

3. ORTHODONTIC QUESTIONS

Are you / your child afraid of dental treatment?

Yes  No

Has an orthodontic consultation / treatment already been carried out?

Yes  No

When was the last X-ray of the head or teeth taken?

Date ..... . ..... . .....

How often do you / your child brush their teeth?

morning  at noon  evening

Which of the following applies to you / your child?

- Teeth grinding / clenching  Temporomandibular joint discomfort
- Periodontitis
- Mouth breathing difficult  Mouth breathing at night  Mouthbreathing during the day
- Nasal breathing difficult
- Snoring
- Difficulty speaking  Lisp  Logopedics
- Pacifier  Biting fingernails
- Thumb sucking, if so, up to what age? .....years
- Playing a wind instrument
- Dental accident, if so, when and which tooth? Date ..... . ..... . ..... Tooth .....

I hereby release my treating dentist and the staff of the Züri Zahni dental surgery from medical confidentiality as follows: I grant permission to request medical files for inspection and to forward the necessary patient data to the respective private or government institutions for assessment, invoicing and / or forward debt collection. For the digital management of the medical history, a company specializing in dental software is allowed to save and secure patient data on a web-based basis. I also allow the attending dentist to discuss my case with other doctors and dentists in order to ensure optimal medical care. For laboratory work, I allow the dental practice, the responsible companies or dental technology laboratories to send the physical registrations, the virtual data sets and / or photos of my dental situation together with my personal data. The medical history and the personal data may be viewed by all employees of the dental practice - in compliance with medical confidentiality.

I also undertake to regularly review my medical history and notify my dentist of any changes in my state of health.

Date .....

Patients signature .....

Legal representative .....

Updated on .....

Visa .....

Updated on .....

Visa .....



## Disclaimer Züri Zahni

Dear Patient

We warmly welcome you to Züri Zahni and thank you in advance for the trust you have placed in us. A dental examination and/or possible therapy is planned for you. Before we start, we ask you to read the following information and to give us your consent by adding your signature.

We treat you at Züri Zahni according to the latest regulations and the findings of science. Complications or pain can arise even given the high quality standard and careful work.

### RISKS AND SIDE EFFECTS OF ORTHODONTIC TREATMENTS

#### **Appointment Cancellation**

Appointments that are canceled or postponed less than 24 hours in advance will be billed.

#### **De-calcification and tooth decay**

Orthodontic appliances are dirt traps and promote the formation of plaque on the teeth. If the oral hygiene is inadequate, these deposits (plaque) can initially lead to a whitish discoloration of the tooth surface and later to tooth decay.

#### **Swelling and inflammation of the gums**

The orthodontic forces act on the teeth holding appliance (periodontium). Poor oral hygiene, in addition, can intensify this inflammation.

#### **Root resorptions**

During tooth movements, degradation processes can occur in the area of the tooth root, resulting in a shortened tooth root length.

#### **Devitalisation**

In rare cases, a dental nerve can die off during the orthodontic treatment. Mostly, however, it is teeth that have a large filling or are under stress due to prior trauma/accident.

#### **Loosening of teeth**

Orthodontic tooth movements occur through remodeling processes in the bone. Therefore, tooth loosening is normal during the treatment phase. These normalize after the treatment is completed.

#### **Gum recessions**

Gum retreat can occur during orthodontic treatment due to skeletal factors. It cannot be ruled out that such recessions will have to be treated by a periodontist after the end of therapy by means of recession coverage.

#### **Complaints**

Orthodontic appliances can briefly lead to increased sensitivity of the teeth and mucous membranes after their integration.

#### **Unfavorable growth influences**

Occasionally, the growth of the jaw takes an unfavorable course and cannot be influenced therapeutically. Under certain circumstances, this can result in longer treatment times and possibly also compromises with regard to the treatment result. Skeletal growth deviations cannot always be recognised when planning the treatment.

#### **Bracket loss**

Brackets and ligatures are attached to the teeth with a plastic adhesive. If the instructions are not followed, brackets or ligatures can be lost and must be re-glued.

#### **Tooth enamel loss**

Depending on the hardness and surface properties of the tooth enamel, in rare cases the removal of fixed appliances can lead to superficial loss of tooth enamel.



**Recurrences (relapses)**

After the completion of an orthodontic treatment, the treatment result is held in the desired position by means of a retention device and/or a retainer. Since the human body is subject to a constant restructuring process, tooth and/or jaw misalignment can occur again despite the retention device.

**Extractions**

Extractions are also sometimes indicated in orthodontics. Possible post-operative complaints are pain, infections, swelling or bleeding. In very rare cases and with certain anatomical positions of the teeth, the maxillary sinus can open or nerve damage or a broken jaw can occur.

**Intolerance**

Depending on the treatment, local elimination of the sensation of pain (local anesthesia) may be indicated. Despite proper use, general or local side-effects are possible: intolerance to the substance used (allergy), reactions in the cardiovascular system (palpitations, drop/increase in blood pressure or dizziness) or blood suffusions (haematomas). In rare cases, local anesthesia can lead to the damage of nerve fibres. As a result, a temporary facial asymmetry or temporary or, very rarely, permanent sensory disturbances (tingling, discomfort and even numbness) are possible in the corresponding injected area. Please refrain from eating as long as the anesthetic lasts, as this can lead to bite injuries, burns or frostbite.

On your signature, you confirm that you have taken note of the points listed above and that you have been informed about the risks of the examination or procedure in a comprehensible manner. Questions were answered to your satisfaction.

**I agree to the treatment**

Date .....  
 Patients signature .....  
 Legal representative .....