

## Guide for new Patients

### Dear Patient!

- The Dental Clinic Constance offers you an unique biologically integrative treatment concept with the goal of permanently improving your overall health. We have extensive and long-term experiences in the treatment of chronically ill people as well as with metal-free full-ceramic implants and metal-free dental medicine in general.
- Most clinics worldwide focus on either biological medicine or biological dentistry. In the CONSTANCE HEALTH CENTER, Dr. Joachim Mutter and Dr. Holger Scholz integrated their excellent single expertises into a complete biological concept.
- We receive a lot of requestes every day. We have prepared this guide for you to answer as quickly and effectively as possible. We would like to ask you to follow the steps in this guide. This is the fastest and best way to get an appointment in the day clinic. Please send us a complete medical history sheet (this document) by e-mail, fax or post.
- Please ALWAYS state your main motivation that has led you to us. If this is not listed, please formulate it in a maximum of 2 words. More detailed answers can be given in a different place in the text. Please always state by whom or how you found us.
- Please send us an overview radiograph (Panorama x-ray) showing the current condition of your teeth. If you do not have an up-to-date picture, please go to a dentist and have one made and sent to us.
- Please send us a copy of all current findings from Vitamin D3 and LDL level and the laboratory tests (blood, urine, hair analysis, etc.) and a copy of an allergy pass, if available.

As soon as we have all the documents available, we will contact you within three weeks. You will then receive an initial assessment of which treatment we recommend and which time and cost frame you should calculate. If you agree with this non-binding proposal, my employees will make an appointment with you.

- Please transfer a deposit of 400 EUR to the account (D or CH) of the clinic at the latest one week before the appointment. With this deposit we want to avoid that agreed dates are not met. After the first appointment, you will receive an invoice according to the fee schedule for dentists / physicians, with which the down payment will be charged. The cost for the first appointment is between 250 and 600 EUR. Too much paid amounts will be refunded immediately.
- We will confirm the appointment by phone or e-mail at least 10 days in advance. Please understand that we will automatically cancel dates for which the deposit is not received in time.
- The Dental Clinic of Constance is a private clinic. We DO NOT reimburse you with any kind of health insurances.

- At the first appointment we will produce a three-dimensional radiograph, if not yet available. This is almost always necessary in order to diagnose possible inflammation and foreign bodies in the jaw bone exactly and reliably. We prefer to produce the images in the system of the day clinic, because we achieve the best results in diagnostics and therapy through our many years of experience.  
We will continue to create impressions and photos of existing teeth and pines. In addition, an in-depth clinical examination is performed.
- Then a professional cleaning of the teeth is carried out by specialized staff. The exact state of the tooth holding apparatus is also documented. This step is important and an essential basis for our therapeutic decisions.
- Finally, we will explain step by step our treatment proposal by means of your X-ray image and check the provisional (and still non-binding) time and cost frame and correct if necessary.

## Anamnesis

### I. Personal Informations

Please provide us with your full address details in legible form and in print, so that we can contact you reliably:

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First and Surname

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Date and Place of Birth

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Country, ZIP Code, Place of Residence, Street, House Number

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Phone Private

Phone Office

Phone Mobile

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E-Mail-Adress (important)

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Profession, Employer

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**When (day / time) can we reach you for a first contact by telephone?**

By signing up, you agree to the above registration procedure and confirm the correctness of your personal data.

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Date, Signature

**II. Your Way to Us**

What is your main motivation for a treatment in the clinic?

- Chronic disease
- Complete biological restoration
- Interference field search
- Ceramic implant
- Amalgam / metal restoration
- Other: \_\_\_\_\_

By whom / how did you find us?

- Dietrich Klinghardt
- Sophia Health Institute
- Lecture by: \_\_\_\_\_
- Book / Publikation: \_\_\_\_\_
- Own research. Where? \_\_\_\_\_
- Website / Facebook / YouTube
- Search engine internet
- Other: \_\_\_\_\_

**III. Health Issues**

Dental Issues

Are there any discomforts / pain in the teeth and jaw?

Yes  No

If so, where and since when, please describe the complaints:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have dental and jaw treatments been carried out during the last 3 years?

Yes  No

If so, where and since when, please describe the complaints:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

General Medical Issues

Vitamin D3: \_\_\_\_\_ ng/ml oder nmol/l      LDL: \_\_\_\_\_ ng/ml or nmol/l  
(please mark the unit)                                  ( please mark the unit)

Are there any medical conditions or diagnosed medical issues?

Yes  No

If so, by whom and since when? Describe the complaints, please indicate on a scale from 0-10 how strong the complaints are up to date (0 = no complaints, 10 = strongest complaints).

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Have you ever had surgery?  Yes  No  
If so, please indicate which organ / part of the body and when. Were there any complications?

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Are there allergies or intolerances?  Yes  No  
If yes, please describe on a scale from 0-10 how strong the allergies are (0 = no complaints, 10 = strongest complaints).

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Do you take or have you regularly taken any medication, dietary supplements, or similar during the last 10 years? Are you currently taking medication?  Yes  No  
If yes, which?

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For women: Are you pregnant?  Yes  No

#### IV. Questions about Living Habits

Do you smoke?  Yes  No  
If so, cigarettes / cigars, how much, ex-smokers since?

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Are you or have you been exposed to particular stress (physical, mental, radiation, toxins, chemicals, laser printers) in your profession?  Yes  No  
If so, which one?

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Have been vaccinated?  Yes  No  
If yes, what vaccinations, when?

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Do you exercise sports?  Yes  No  
If so, please describe what, how often?

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Do you use organic personal care products?  
If yes, which? O Yes O No

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Do you use a mobile phone, a DECT (cordless) telephone, WLAN, Bluetooth, TV, computer? If so, how many hours a day? O Yes O No

- Mobile ready to receive:
- DECT:
- WLAN / Bluetooth:
- TV:
- Computer:

Have a cut-off plug for electricity at home? O Yes O No

Regularly take dairy or cereal products?  
If so, which, how often? O Yes O No

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Regularly take sugar, sugar-containing drinks (sodas, jelly), ready-to-eat foods from cans or canned foods? O Yes O No

If so, which, how often?

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Do you eat meat or fish regularly?  
If so, what, how often? O Yes O No

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Do you drink alcohol regularly?  
If so, which, how often? O Yes O No

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How much in percent is the proportion of freshly prepared food in your diet? O Yes O No

The percentage of raw food (including smoothies)? \_\_\_\_\_%

**V. Questions about the Quality of Life**

In my current environment, I feel well.  
If no, why not? O Yes O No

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- How many hours per night do you sleep?  Yes  No
- Feel your sleep as relaxing?  Yes  No
- Do you feel tired often during the day?  Yes  No

## VI. Almost Completed!

- May we help you to keep your teeth healthy? Then we will remind you of the next prophylaxis free of charge and without obligation.  Yes  No
- May we send you our newsletter by e-mail free of charge? You can cancel the newsletter at any time, the newsletter will appear about 4 times a year.  Yes  No

## VII. Signature

By signing up, you agree to the above registration procedure and confirm the correctness of your personal data.

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Date, Signature

Our Bank Details:

Volksbank Konstanz  
BLZ: 6929 1000  
Account: 0225 6541 23  
IBAN: DE13 6929 1000 0225 6541 23  
BIC: GENODE61RAD

PostFinance Switzerland  
**(Euro! NOT CHF!)**  
Account: 91-416372-4  
IBAN: CH82 0900 0000 9141 6372 4  
BIC: POFICHBEXXX