



Dear patient,

welcome to our practice. For your treatment, I need some information from you. If there is information that you would prefer to discuss exclusively in person with me, or even not at all for the time being, simply omit the relevant passage. The medical history form is only the beginning of a conversation.

S. Blumenthal

Medical history, anamnesis

Name, surname: _____

Address: _____

Telephonnumber: _____

Birth Date: _____

Emergency contact: _____

Nationality: _____

Social/professional situation: _____

Number of children: _____

O no children

Insurance: _____

Previous GP, Family Doctor: _____

Do you have any allergies? Ono

Oyes: _____

In particular, allergies to medications? O no

O yes: _____

Operations:

OP	date

Do you have any (mark with a cross where applicable):

Diseases from the area:	no	yes
Cardiovascular area (e.g. high blood pressure, heart attack)		
Neurological diseases (e.g. stroke, multiple sclerosis, ALS, dementia)		
Psychological diseases (e.g. depression, anxiety/compulsive disorders)		
Dependence diseases/harmful use (e.g. alcohol, cigarettes, media, so called party drugs)		
Upper/lower respiratory/lung (e.g. asthma, COPD)		
Gastrointestinal tract (e.g. reflux, irritable bowel syndrome, Crohn's disease, colitis)		
Orthopedic diseases (e.g. slipped disc, chronic pain, arthrosis)		
Infectious diseases (e.g. Hepatitis, HIV, Syphilis, Gonorrhoea)		
Cancers (e.g. of the lung, intestine, breast, skin)		

More detailed information on pre-existing

conditions: _____

Nicotine Yes No since/Number per day: _____

Alcohol Never 1-3x/week 3-6x/week daily several times a day

Do you exercise? No Yes: _____

Do you take certain medications regularly?

medication	dose	when?	reason for taking

Do you use other medications occasionally: O no

Oyes: _____

Do you have a living will? O yes O no

Do you have an organ donor card? O yes O no

Are there any common illnesses,deaths under 65 in your family?

O no

O yes and indeed _____

Co-treating specialists:

Specialist for	name	for

This brings me joy: _____

Reason for the visit to the doctor:

The following persons may pick up, or receive, prescriptions, forms, findings and other documents pertaining to my health at the Blumenthal office on my behalf:

Signature/date: _____