



Univ.Doz. Dr. Sasan Hamzavi  
Alfred-Adler-Strasse 1 / 2. OG  
1100 Wien

## Patient questionnaire/Medical history

*please complete in block capitals*

**Surname:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

female  male  non-binary: \_\_\_\_\_

**Date of birth**

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**Street/House No:** \_\_\_\_\_

**Door No:** \_\_\_\_\_

**Phone no.:** \_\_\_\_\_

**City/ZIP  
code:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Your general practitioner (or pediatrician), name + town + zip code:** \_\_\_\_\_

➤ Are you taking any medication regularly?

yes  no

**If so, which?** \_\_\_\_\_

➤ Do you have any pre-existing illnesses (infect.dis. like HIV, Hepatitis B/C, Tuberculosis, chron.diseases)?

yes  no

**If so, which?** \_\_\_\_\_

➤ Do you have any allergies?

yes  no

**If so, which?** \_\_\_\_\_

Are you a smoker?

yes  no  ex-smoker

Do you consume alcohol daily?

yes  no

Do you consume narcotics?

yes  no

**For women:**

Are you pregnant?

yes  no

**If so, what week?**

\_\_\_\_\_ week

Date: \_\_\_\_\_

Signature: \_\_\_\_\_