HNO HAMZAVI

Univ. Doz. Dr. Sasan Hamzavi, Alfred-Adler-Straße 1/2. Stock, 1100 Wien

Patient questionnaire/Medical history

(please complete in block capitals)

Surname: ____

First Name: ____

❒ female ❒ male ❒ non-binary: ____________

Date of birth __ __ . __ __ . __ __ __ __

Phone no.: ____________________________________

Email: ___________________________________

Street/House No: ____________________________

Door No: ___________________________________

City/ZIP code: _______________________________________

PLEASE FILL IN IN BLOCK CAPITALS:

Your primary care physician/pediatrician:

____

Are you taking any medication regularly? ❒ **yes** ❒ **no**

If so, which? ____

Do you have any pre-existing illnesses (chronic, any surgeries etc)? ❒ **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**

For women:

Are you pregnant? ❒ **yes** ❒ **no**

If so, what week? _____ week

Date:__________________________ Signature:_______________________________