

## Allgemeine Patientendaten (englisch)

### General patient data

Nummer: FO-14701

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Phone no. (private) and/or mobile No. \_\_\_\_\_ Phone no. (work) \_\_\_\_\_ E-Mail \_\_\_\_\_

(Practiced) occupation \_\_\_\_\_

Weight \_\_\_\_\_ kg (changes? \_\_\_\_\_ ) Height: \_\_\_\_\_ cm

Do you smoke?  No, since \_\_\_\_\_  Yes, \_\_\_\_\_ cig/day, for \_\_\_\_\_ years

How much alcohol do you drink per day?

Do you have any current complaints?

Do you currently suffer from an illness – or have in the past (with year of initial diagnosis)?  
Have you ever been subject to surgery (please add date)?

Which medications do you presently take (dosage)?

Allergies?

#### **Women only:**

Age at first menstruation? \_\_\_\_\_ Years  
Does your menstruation still occur?  Yes  No, \_\_\_\_\_ (age)  
Is/was your cycle dependably regular, with normal bleeding strength and duration?  Yes  
 No, I noticed \_\_\_\_\_  
Number and year of pregnancies or miscarriages?  
When was the first day of the last menstruation?  
Do you take hormones (The „pill“ or menopause hormones)?  No  Yes, \_\_\_\_\_

The referring doctor receives a medical letter \_\_\_\_\_ Agree:  Yes  No  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_

#### **Doctolib**

Do you agree to appointment reminders by email + SMS sent via Doctolib?  Ja  Nein  
Do you agree to the transmission of documents via Doctolib ?  Ja  Nein  
Date: \_\_\_\_\_ signature: \_\_\_\_\_

The consent may be revoked without giving any reasons at any time.

Of course all information will be treated with strict confidentiality and serves information purposes exclusively. Thank you