Dr. med.
Sebastian Henke
INTERNISTISCHE HAUSARZTPRAXIS

MEDICAL HISTORY

Dear patient,

welcome to our family doctors office in Dresden-Kaditz. The medical history is used to record your health status and to coordinate further diagnostic and therapeutic measures with you. Please fill it out completely before the doctors consultation. The information you provide is voluntary and subject to medical confidentiality. If anything is unclear, our practice team will be happy to help you.

Name, first name: Birth date:

Street: Marital status:

Zip code/city: Job/company name:

Telephone: E-mail:

How tall are you? cm **What is your weight?** kg

Have you gained or lost a lot of weight in the last 6 months? When yes, how much?

Do you have allergies? (e.g. medicines, food)

Do you smoke or have you smoked? When yes, how much per day and over what period of time?

Do you drink alcohol regularly? When yes, how much per day?

Do you regularly take medication?

Drug name and drug strength	Intake scheme (e.g. 1 - 0 - 1)

Do you have a power of attorney?

Do you have a living will?

Do you have or have you had one or more of the following diseases? If so, please provide additional information on the illness if possible (exact diagnosis, duration / period).

High blood pressure:

Heart disease (e.g. heart attack, cardiac arrhythmia):

Stroke:

Diabetes mellitus:

Lung/airway diseases (e.g. COPD, bronchial asthma)

Kindey diseases:

Gastrointestinal diseases (e.g. chronic gastritis, chronic intestinal disease):

Thyroid disorders:

Rheumatic diseases:

Gout:

Osteoporosis

Vascular diseases (z.B. PAOD):

Thrombosis / bleeding disorders:

Tumor diseases:

Infectious diseases (e.g. HIV, hepatitis, tuberculosis):

Neurological diseases (e.g. epilepsy, migraine):

Mental illnesses (e.g. depression):

Eye diseases:

Operations/accidents:

Other:

Are there any diseases in your family, such as heart disease, kidney disease, diabetes, stroke, tumor diseases, chronic intestinal diseases or neurological diseases?

Is there any information you would like to share with us?

Consent to disclosure of information

In the medical field, confidentiality applies to all employees. In order to ensure an uncomplicated exchange of data, I agree that my data will be transmitted to third parties (e.g. doctors, hospitals, health insurance companies) within the scope of the intended purpose in compliance with the respective data protection regulations. I can be contacted by phone and email from the team oft the family doctors office Dresden-Kaditz.

Date *Signature*