Medical history

Name + Surname:_____**, date of birth:**_____

Telephone number:_____**, E-Mail:**_____

We would like to be as comprehensively informed as possible about your health history, so that we can provide you with the best possible support and further treatment. Please fill out the questionnaire completely and on both sides:

Is there a disease of the following type:	no	yes	if yes, which?
Metabolic disease (for example, diabetes mellitus, hyperthyroidism, gout)	○	○	
Cardiovascular system (for example, high blood pressure, cardiac arrhythmia, Blood clotting disorders, thrombosis, blood thinning medications)	○	○	
Respiratory disease (for example, COPD, Asthma, sarcoidosis)	○	○	
Kidney (for example, Kidney dysfunction, urinary stones)	○	○	
Liver (for example, Hepatitis, gallstones)	○	○	
Gastrointestinal tract (for example, stomach ulcers, diverticulosis, polyps)	○	○	
Eyes (for example, glaucoma, increased intraocular pressure)	○	○	
Muscles, skeleton, joints (for example, rheumatism, spinal disease)	○	○	
Cancer (for example, intestine, prostate, bladder)	○	○	
Neurological (for example, stroke, Parkinson's disease, dementia, MS)	○	○	
Mental illness (for example, depression, anxiety disorders)	○	○	
Endocrine disease (for example, thyroid, hormonal disorders)	○	○	
Other disease	○	○	

Do you have **allergies** or **intolerances?**

Against medications or other substances	○	○	

Do you take medication regularly? ○ no ○ yes

If yes, which kind of medication? Please list all medications

_____ _____ _____

_____ _____ _____

Have you had **surgery?** ○ no ○ yes

If yes, which kind of surgery?

_____

Do you smoke? ○ no ○ yes

If yes, how many cigarettes a day? ___ Since when? _____

How many liters of **fluid** do you **drink** per day? _____
What do you mostly drink? _____

What **complaints** do you have?

_____
_____
_____
_____

Are you coming for **preventative care/early cancer detection examinations**? (Men over 45) ○ no ○ yes

What is your **profession** or what are you or were you working as?

_____

How big and how heavy are you? **Size:_____ cm** **Weight:_____kg**

Berlin,_____ Signature:_____