

Anamnesebogen

Dokument

complete Name, Date of birth		Profession (actual resp. previous)						
Telefon	Email	Fax						
Family doctor								
<p>I agree to disclosure of my personal data to the following persons / institutions <i>(mandatory to answer!)</i>:</p> <p><input type="checkbox"/> to the laboratoris commissioned by the practice <i>(without your agreement no lab test can be performed!)</i></p> <p><input type="checkbox"/> Your family doctor mentioned above / <input type="checkbox"/> The referring doctor</p> <p><input type="checkbox"/> Your other doctors (<i>name / adress</i>) _____</p> <p><input type="checkbox"/> family members (<i>please give name and date of birth</i>) _____</p> <p><input type="checkbox"/> I refuse any disclosure of my personal data to third persons.</p> <p><input type="checkbox"/> I agree to receive my results unencrypted by Email or Fax.</p> <p style="text-align: right;"><i>This declaration of acceptance may be withdrawn by you at any time.</i></p>								
<p>Did you have a colonoscopy previously? <input type="checkbox"/> No <input type="checkbox"/> Yes, Year of examination:</p>								
<p>Have your vaccinations been actualized recently?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "no", are you interested?</p> <p>Do you have a certificate of vaccination?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Smoker?.....No of cigarettes daily</p> <p><input type="checkbox"/> Non-smoker?</p> <p><input type="checkbox"/> Ex-smoker?</p>	<p>Body weight: kg</p> <p>Body length: cm</p>						
<p>Please list the medical drugs which you take (permanently or on demand)</p> <table border="1"> <thead> <tr> <th style="width: 70%;">Name</th> <th>Dosage</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>			Name	Dosage				
Name	Dosage							
<p>Previous operations, hospitalizations and concomitant diseases (Diabetes, Hypertension, Glaucoma,...)</p>								
<p>Do you have allergies - especially against medication? (for example antibiotics, contrast-medium)</p>								
		Date, signature:						