reset

Patient's name: *

PRAXIS AM GOETHEPLATZ

MEDICAL HISTORY

We kindly ask you to fill out the following form. This will help us to save time during your visit. For your convenience you can send us the completed form electronically (send button) or print it out and bring it to your appointment.

Do you have or had any of the following diseases?*

yes no I don't know **heart** disease (e.g. coronary vessel or valve disease)
yes no I don't know **vascular** disease (e.g. hypertension or hypotension)
yes no I don't know **lung** disease (e.g. asthma, pneumonia, tuberculosis)
yes no I don't know **liver** disease (e.g. jaundice, hepatitis, fat liver)
yes no I don't know **intestinal** disease (e.g. ulcer, hernia)
yes no I don't know **renal** disease (e.g. renal stones, nephritis)
yes no I don't know **endocrinologic** disease (e.g. diabetes, thyroid dysfunction)

yes no I don't know **blood** disease (e.g. anaemia, leukaemia, lymphoma)
yes no I don't know **bleeding** disorders (e.g. prolonged bleeding from cuts, purpura)
yes no I don't know **bone** disease (e.g. arthrosis, osteoporosis, fractures)
yes no I don't know **nervous system** disease (e.g. migraine, epilepsy, stroke)

yes no I don't know **eye** disease (e.g. cataract)
yes no I don't know **skin** disease (e.g. neurodermitis, psoriasis, eczema)
yes no I don't know **herpes**
yes no I don't know **infectious disease:**
if yes, please state which:
yes no I don't know **tumor disease:**
yes no I don't know allergies (e.g. hay fever, drug allergies e.g. Penicilline)
if yes, please state which:

yes no **smoking:**
if yes, how many cigarettes per day:
since when: years
quit smoking since:

Which medications are you taking regularly or at the moment?

Did you previously undergo any surgical procedure ?

OP/year:
OP/year:
OP/year:
OP/year:

Frankfurt am Main, den *

Day Month Year

digital patient's signature (not compulsory)

print and/or send

HNO-Praxis am Goetheplatz | Dr. Otterstedde & Dr. Sarkar | Rossmarkt 23, 60311 Frankfurt a.M. | **www.hno-docs.de**