



## Medical questions about medical history

-Please also check the backside-

**Dear Patient,**

Please fill out this medical history questionnaire conscientiously. The questionnaire does not replace the conversation with the attending physician! However, the answers can be used to better identify the disease. Of course, all information is subject to medical confidentiality!

### Personal data:

Name	Forename
Date of birth	Address
Address	Telephone number
Occupation	Employer
Health insurance <input type="checkbox"/> Insurance: Statutory <input type="checkbox"/> Volunteer Member <input type="checkbox"/> Private	Name/address of the insurance company

### Questions about health:

<b>Current complaints or health disorders:</b>	
<b>Long-term complaints or health disorders:</b>	
<b>Duration of the complaints:</b>	
<b>Have you already had or have any of the following medical conditions?</b>	
Infectious diseases such as tuberculosis, jaundice or salmonella infestation	
Thyroid disease, asthma or glaucoma?	
diabetes, or other metabolic disease chronic	
Sinusitis or chronic bronchitis?	
Stroke, heart attack or high blood pressure	

Frequent diarrhea or constipation? Bladder problems?	
Stomach or digestive problems or duodenal ulcer?	
Back problems or joint problems	
Skin problems prostate or genital organs?	
Have there been any hereditary diseases in your family?	
<b>Have you already had surgery?</b>	If so, what?
Other medical history conditions not mentioned here	
When was the last X-ray examination?	
What medications do you take regularly?	
Do you have any allergies to medication or food or other things?	
<b>Do you smoke?</b>	
<b>How much alcohol do you drink?</b>	
Do you feel your health is affected by environmental influences?	
Do you have mental health concerns?	
Do you regularly participate in cancer screenings?	

Date:	Signature of the patient (or guardian)
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