PRAXIS CARRÉ SCHAUMBURG

DATENBLATT ▪ MEDICAL HISTORY

PRACTICIAN: _____

PATIENT'S DATA:

academic title: **first name:** **last name:**

e-mail address: _____ **telephone number:** _____

POSTAL address: **street:** _____ **number/ storey/ apartment:** _____

ZIP: _____ **city:** _____

Do you have private insurance in addition to your public insurance?

YES ☐ WHICH ONE (optional)? NO ☐

When was your last normal period? _____

Do you smoke?

YES ☐ HOW MUCH? NO ☐

Have you had any surgeries?

YES ☐ WHICH ONES? NO ☐

Do you have any internal diseases (e.g., diabetes, hypertension, thyroid...)**?**

YES ☐ WHICH ONES? NO ☐

Do you have any infectious diseases (e.g., HIV, Hep...)**?**

YES ☐ WHICH ONES? NO ☐

Do you take medication regularly?

YES ☐ WHICH ONES? NO ☐

Do you take medication for epilepsy?

YES ☐ WHICH ONE? NO ☐

Do you take medication for acne?

YES ☐ WHICH ONE? NO ☐

Do you have any allergies to medications or latex?

YES ☐ WHICH ONES? NO ☐

Is there any breast-, uterine- or ovarian- cancer in your family?

YES ☐ WHICH ONE? WHO? NO ☐

When was your last mammogram or sonogram?

YES ☐ WHICH ONE? WHEN? NO ☐

When was your last gynecologic exam? _____

Do you use any contraception?

YES ☐ WHICH ONE? NO ☐

Have you ever been pregnant?

YES ☐ HOW OFTEN? NO ☐

Do you have children?

YES ☐ NO ☐

child's date of birth	place of birth	hospital	hospital weight	age at birth*	sex

*if not sure, please consult your gynaecologist