Medical history

Dear patients,
are there any changes in your personal details? If so, please note the current data

_____

In any case, write down your current

Telephone-/
mobile phone number: _____

We need the following information for each examination:

Last period _____ Current contraception or hormones? _____

Do you have any complaints
about urination? □ Yes □ No Discharge? □ Yes □ No

Is there irregular bleeding? □ Yes □ No

Have you been vaccinated against HPV (cervical cancer)? □ Yes □ No

If so, with which vaccine? □ Gardasil □ Cervarix

Have you already had an HPV test? □ Yes □ No

If so, in which year was it carried out? _____

If so, what was the result of this? □ positiv □ negativ

When was your last cancer screening carried out? Please indicate the year!

_____

Have you already had a colonoscopy? If so, in which year?_____

Other findings: _____

Have you already had a mammogram? If so, in which year? _____

Other findings: _____

Would you like us to remind you of the prevention check-up every year?
□ Yes □ No

Please confirm the informations with your signature:

_____ _____
Date Signature Patient