Medical history

Life situation

Do you have children: □ no □ yes: _____ when yes, when and how were they born (caesaean section or natural birth):_____

Smoking: □ no □ yes, _____ cigarettes a day

Drinking alcohol □ no □ occasionally □ regularly

Weight: ____kg Body size: ____cm

Are some diseases known?

No	□		
Dizziness	□	Diabetes	□
Hearth disease	□	Heart attack	□
Bleeding	□	Allergies	□
High cholesterol	□	Stroke	□
Kidney disease	□	Rheumatism	□
Bowel disease	□	Asthma	□
Liver disease	□	Suffering from seizures	□
Thyroid disease	□	Mental illness	□
Tuberculosis	□	Skin disease	□
Cancer	□	HIV/Hepatitis	□
Thrombosis	□		

Miscellaneous: _____

Please turn!!!

Are you taking some medicaments regulary? □ no □ yes

If yes, which one(s)?

_____

_____

Have you ever had surgery?

No	□		
Heart surgery	□ Year: _____	Breast surgery	□ Year: _____
Vascular surgery	□ Year: _____	Appendicitis surgery	□ Year: _____
Uterus removal	□ Year: _____	with or without the ovaries?	_____
Tonsil surgery	□ Year: _____	Thyroid surgery	□ Year: _____

Other operations: _____

What kind of diseases are known in your family?

Heart diseases/Heart attack	□ yes	who? _____
High blood pressure	□ yes	who? _____
Blood sugar diseases	□ yes	who? _____
Stroke	□ yes	who? _____
Colorectal cancer	□ yes	who _____
Breast cancer	□ yes	who? _____
Thrombosis	□ yes	who? _____
Pulmonary embolism	□ yes	who? _____
Cancer, other	□ yes	who? _____
		What kind? _____

Thank you very much!

Homburg, _____ _____
(date) (signature)