

Dear patient !

Welcome to our doctor`s office.

To get to know You better we would like to ask You some questions about your medical history. You can voluntarily give us these personal details. We will use Your information only to keep in contact, to simplify the communication and to make appointments.

If you have any questions, we are happy to help.

Thank you!

name: ..... surname: ..... date of birth: .....

adress: .....

phone: ..... e-mail: .....

profession: ..... marital status: .....

When was the first day of Your last menstruation? .....

How many days are between Your menstruations? .....days  irregularly

How long does the bleeding last?..... days

How old were You while getting Your menstruation for the first time? ..... years

Current contraception method: .....

Did you receive a vaccination against cervix cancer (HPV) No  Yes ..... times

Births: .....

normal: ..... caesarean..... ventouse/foreceps delivery .....

miscarriage: ..... abortion: .....

diseases: .....

surgeries: .....

hypertension: yes  no  thrombosis /embolism: yes  no

allergies: yes  no  which ones?.....

cigarettes/ day: ..... alcohol: .....

current medication: .....

Why are you here today?

Berlin,

signature: