

Praxis für Frauenheilkunde und Geburtshilfe – Dr. Katrin Hänseroth – Anamnesis form

Family name: _____ Prenome: _____
 Street: _____ PLZ/City: _____
 Date of birth: _____ Profession: _____
 Phone: _____ mail: _____
 Health insurance company: _____
 General practitioner: _____

Today-Anamnesis

Body height (cm): _____ Heaviness (kg): _____
 Cycle (duration, distance): _____ Last period: _____
 Contraception/Hormone replacement therapy – which?: _____

Self-Anamnesis

Vaccination status (which/when?): _____
 Births (year, specifics): _____
 Tubal pregnancies/miscarriages/aborts: _____
 What illnesses have you been treated for?
 (e.g. thyroid gland, diabetes, epilepsy, hypertension, migraine, psychic diseases, stomach/intestine/liver)

Medications: _____

Operations: _____

Thromboses/Embolism: _____

Allergies: _____

Cigarettes per day: _____ Alcohol per day: _____

Family-Anamnesis

Main diseases (e.g. cancer, diabetes, thromboses/embolism):

I have voluntarily provided all information completely and to the best of my knowledge. We reserve the right for invoicing cancellations that have not been cancelled in time (24 hours) and cannot be allocated elsewhere.

date

signature

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