

**Anamnesis form – Praxis für Frauenheilkunde und Geburtshilfe –  
Dr. Katrin Hänseroth/Solveig Streubel (ang.)/Kathrin Bundt (ang.)**



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

**Today Anamnesis**

Body height (cm): \_\_\_\_\_ Heaviness (kg): \_\_\_\_\_  
Cycle (duration, distance): \_\_\_\_\_ Last period: \_\_\_\_\_  
Contraception/Hormone replacement therapy – which?: \_\_\_\_\_  
General vaccination status (which/when?): \_\_\_\_\_  
Corona-status (recovered, vaccinated - when/whith what?): \_\_\_\_\_  
HPV-vaccination:  yes (number, year) \_\_\_\_\_  no  
Births (year, specifies): \_\_\_\_\_  
Tubal pregnancies/miscarriages/aborts: \_\_\_\_\_  
What illnesses have you been treated for?  
(e.g. tyroid gland, diabetes, epilepsy, hypertension, migraine, psychic diseases, stomach/intensine/liver)  
\_\_\_\_\_  
\_\_\_\_\_  
Last visit at gynaecologist: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Operations: \_\_\_\_\_  
Thromboses/Embolism: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Cigarettes 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