

## Dear patients!

Please complete this questionnaire for our support. Your data will be treated confidentially and will be subject to confidentiality. If you have any questions, please feel free to contact one of our employees. Thank you very much!

**Name:**

**Date of birth:**

**Address:**

**phone number:**

**E-Mail:**

**Job:**

**Family status:**

**Children:**

**Height:**                      cm                      **Weight:**                      kg

**Who can we contact in an emergency? (Name/Tel.no.)**

## Are you or one of your family members suffering from any of the following conditions?

Hypertension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> family
Heart disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> family
Diabetes mellitus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> family
Nephritis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> family
Fat metabolism disturbance (cholesterol)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> family
Cancer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> family
Stomach illness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> family
Uric acid metabolism disturbance / gout	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> family
Joint illness / rheumatism	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> family
Skin illness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> family
Hepatitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> family
Asthma / chronic bronchitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> family
Psychic illness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> family

thyroid disease

☐ Yes

☐ No

☐ family

Attack sufferings / epilepsies

☐ Yes

☐ No

☐ family

Allergies

☐ Yes

☐ No

☐ family

If so, which?

**Do you smoke?**

☐ Yes

☐ No

☐ earlier

If so, how many during the day?:

**Do you drink alcohol?**

☐ never

☐ occasionally

☐ daily

**Do you have a badge for the severely disabled?**

☐ Yes

☐ No

If so, degree of disability: %

Marks (z.B. G, aG):

**Do you have a vaccination card?**

☐ Yes

☐ No

Please bring it with you on your next visit. We are happy to check your vaccination status.

**Have you been diagnosed with a level of care?**

☐ Yes

☐ No

If so, which:

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

**Have you already had operations?**

☐ Yes

☐ No

If so, which:

**What medications do you take?**

Please also give us the preparations that you take without a doctor's prescription or only occasionally (e.B. vitamins, laxatives, headache tablets or similar).

**Which other doctors are you/were you in treatment with?**

(e.B. ophthalmologist, orthopaedic (former) family doctor)

**What complaints do you come to us with today? What can we do for you?**

Patient/in:

**Only for women**

Are you pregnant?

☐ Yes☐ No

Births?

☐ Yes☐ No

If so, when:

**How did you find out about our doctors office / house?**

- ☐ Recommendation by registered physicians (cash doctor)
- ☐ Recommendation / information by friends / relatives
- ☐ Recommendation / information through the Internet
- ☐ Recommendation / information by flyer
- ☐ Recommendation / information from an AOK employee / customer advisor
- ☐ Other

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Date, signature of the patient or legal representative

**Please note the following tips:**

We are an appointment practice! Please make an appointment for each doctor's visit.

If you are unable to comply with it, please cancel it at least 24 hours in advance. Please note that we can only treat you without an appointment in case of acute discomfort. In this case, please call briefly at the beginning of the consultation so that we can schedule you or introduce yourself as soon as possible during the consultation time. Patients without an appointment must plan longer waiting times.

Please also arrange appointments for planned laboratory tests. On the day of the laboratory examination you will receive the necessary laboratory certificate here in the registration. You can always reach the practice by telephone at the doctor's mentioned office hours.

Patient/in: