

# Anamnesebogen unserer Praxis

ENGLISH

1

## Patient

surname

first name

date of birth

## legal representative / supervisor

surname

first name

date of birth

## Address

Street, Nr.

place of residence

postal code

phone number

mobil number

## Please check the relevant box

 allergies to (which substances)  asthma heart disease, circulatory trouble diseases of the kidney or anomalies bleeding disorder infectious diseases (hepatitis, HIV, AIDS) epilepsy diabetes do you have any other diseases? Are you entitled to care?

if so, which level?

**Please check the relevant box**

Family doctor

do you take any medicine regularly (which?)

Do you smoke? \_\_\_\_\_ If yes, how many?

Are you pregnant?