

Dear Patient,

we are looking forward to welcoming you to our office. The excellent and comprehensive care of our patients is very important to us. For this reason, we ask you to fill out this patient questionnaire and bring it with you to the first contact. You can also send it to us by e-mail, fax or by mail.

Date of Check-up appointment?

PERSONAL INFORMATION

Full Name

Date of birth

Adress

GP or co-treating doctor

Patients under the
care of the
German National
Health Service



Private
insurance



Self-
payer



Zip code

City

Phone number

Insurance

Participation in the specialist contract
of the AOK or Bosch-BKK?



Email Adress

CURRENT COMPLAINTS

How long have you had this complaint?

Do you currently have a doctor's note
for this condition?



How often do these complaints occur?

Since
when?

Till
when?

When did these symptoms occur for the first time?

INFORMATION REQUIRED BEFORE YOUR FIRST APPOINTMENT

PRE-EXISTING CONDITIONS

Diabetes X

Tumor diseases X

Heart diseases X

Pain X

High blood pressure X

Neurological disease X

Thyroid diseases X

Psychiatric disorders X

Last hospital stay?

Where?

Last surgical procedure?

Where?

Allergies **general**

Allergies **on medication**

.....

.....

Heart pacemaker X

Smoke X

Known disorders of the family

Alcohol X

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What I want to ask the doctor? (Keywords)

Current medication

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Please bring preliminary reports or letters of inpatient procedures, computer tomographies, nuclear spine tomographies and any other recent written findings, which have been made in the past few years with you to the first appointment.