DR ANKE HUBERMAN

Family doctor's practice at Holzhausenpark

So that we can provide you with the best possible support in all health matters, we need information about your general state of health as well as your personal details. Please complete the medical history form in full! This will help us to create an optimally coordinated and risk-free basis for treatment. All information is of course subject to medical confidentiality!

PERSONAL DETAILS

○ Mr. ○ Mrs.

Family name / First name	Date of Birth
Adress / Street Number	Zip Code, City

Private Telephone	Mobile Telephone	E-Mail
Job		fax
○ publicly insured ○ privately insured	Height	Weight

HEALTH INFORMATION

Do you take any medication? If yes, which one's? ○ yes ○ no

Are there any known allergies? If yes, which one's? ○ yes ○ no

Have you ever had an operation? If yes, when and for what? ○ yes ○ no

Do you do sports regularly? ○ yes ○ no

Do you drink alcohol regularly? ○ yes ○ no

Do you smoke? ○ yes ○ no

Do you have a vaccination card? If so, please bring it with you on your next visit to the practice and we will be happy to advise you. ○ yes ○ no

Have you already undergone preventive examinations (check-up, cancer screening)? If yes, when was the last time and which check-ups? ○ yes ○ no

Do you have any chronic illnesses? If yes, which one's? ○ yes ○ no

Have certain illnesses occurred more frequently in your family?
For example: High blood pressure, asthma, heart disease, diabetes ... ○ yes ○ no

Further remarks (if necessary):

Transmit findings unencrypted by email ○ yes ○ no

Thank you very much. **Please let us know if there are any changes to your details.** With your signature, you confirm that we may contact you using the data you have provided above.

Date / Signature of the patient and legal guardian