

## medical history form

Welcome to our surgery.

In order to offer you the best attention possible. We require some information from you.

Please fill in this questionnaire carefully.

Your data will be treated confidentially.

<b>your name</b>			
<b>date of birth</b>			
<b>telephone/email</b>			
<b>occupation/profession</b>			
<b>what is the reason of your visit here today?</b>			
	height:	cm	weight: kg
<b>Do you smoke?</b>	No <input type="radio"/>	Yes <input type="radio"/>	, how many cigarettes per day?
<b>Do you drink alcohol?</b>	No <input type="radio"/>	Yes <input type="radio"/>	, occasionally or daily? How much?
<b>Do you take any drugs?</b>	No <input type="radio"/>	Yes <input type="radio"/>	

### Do you suffer from?

diabetes mellitus	<input type="radio"/>	hypertension	<input type="radio"/>
thyroid diseases	<input type="radio"/>	heart diseases	<input type="radio"/>
liver diseases / hepatitis	<input type="radio"/>	mental disorder	<input type="radio"/>
kidney diseases	<input type="radio"/>	cancer	<input type="radio"/>
disorders of lipid metabolism	<input type="radio"/>	seizure disorders / epilepsy	<input type="radio"/>
gout	<input type="radio"/>		<input type="radio"/>
<b>other diseases:</b>			

<b>Have you ever undergone surgery?</b>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>
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>>> please turn over <<<

<b>Known allergies? (medications, pollen, house dust or others)</b>	<hr/> <hr/>
<b>Do you take any medication regularly?</b>  Yes <input type="radio"/> No <input type="radio"/>	<b>If yes, which?</b>  <hr/> <hr/> <hr/> <hr/>

**Family predisposition**

<b>diabetes mellitus</b> <input type="radio"/>	<b>hypertension</b> <input type="radio"/>
<b>heart attack</b> <input type="radio"/>	<b>asthma</b> <input type="radio"/>
<b>others:</b>	

**Female patients**

<b>Are you pregnant:</b> Yes <input type="radio"/> No <input type="radio"/>
<b>Are you taking contraceptives?</b>  Yes <input type="radio"/> No <input type="radio"/> , which?

**Thank you for answering our questions!**