



## Medical History Questionnaire

**Please do not empty your bladder prior to examination!**

**Name**

**Surname**

**Gender**

**Date of birth**

.....

.....

f  m

.....

**Telephone**

**Email**

.....

.....

**Profession**

.....

**General practitioner**

.....

**Do you do any sport?**

**Do you smoke?**

never  regularly  sometimes

yes  earlier  no

**Weight (kg)**

**Height (cm)**

.....

.....

### Preexisting conditions?

**Infectious diseases:**  No  HIV  Hepatitis C

**Chronic diseases:**  No  Hypertension  Diabetes  Heart disease

Asthma  Renal disease  Epilepsy

Lipid metabolic disorder

**Other diseases:**  No  Cancer  Mental disorder

Thyroid disease  Thrombosis

**Other:**

.....

**Please turn page ->**



**Privatpraxis für Urologie  
Anita Lisowski**

Urologie / Urogynäkologie  
Erweiterte Krebsvorsorge  
Naturheilverfahren

**Have you ever had surgery? Where? When?**

---

**Which medications do you take regularly?**

---

**Any known allergies against medications??**

---

**For female patients:**

**Are you pregnant?**  No  Yes

**Do you take contraceptives?**  No  Yes Which?

---

**I hereby declare that the information given is correct.**

---

**Date / Patient`s Signature**

**Information on the processing of your personal data**

**Our practice uses an IT system for your patient file, billing, accounting, as well as for communicating with other health professionals where these are involved in your patient care and with public authorities based on their legal obligations.**

**All information collected in the context of your patient file.**

**Further information on the processing of your personal data and your rights is available from the secretary`s office. This detailed information is available in several languages.**