Anamnesis sheet for patients

Formblatt K1 FB PF 01-3

Frauenärzte Dornstadt: Dr. Oechsle / Dr. Konrad

Last Name, First Name:				Date of birth:
phone home:	mobile number:		email	
size:	weight:	last period:	first period:	
☐ single	☐ partnership	☐ married	☐ separated/divorced	☐ widowed
family doctor:			your profession:	

Births:				
☐ none	number of children (year of birth)	☐ cesarean section	☐ complications	☐ artificial inseminatinon
miscarriages	☐ 1	☐ 2 or more	☐ ectopic pregnancy	

Previous illnesses/ risks or more:			
☐ none ☐ smoking cigarettes ☐ breast cancer ☐ ovarian cancer	☐ Inflammation of the ovaries /uterus ☐ thrombosis/embolism ☐ increased blood levels	☐ high blood pressure ☐ heartattack ☐ stroke ☐ diabetes	☐ lung disease ☐ kidney disease ☐ thyroid disease ☐ varicose veins
☐ chronic diseases:			
☐ other:			
☐ operations:			
☐ medication:			
☐ allergies:			

vaccinations:

☐ measles / mumps / rubella ; ☐ HPV; ☐ chickenpox; ☐ other:

Illnesses in the family:			
☐ thrombosis/embolism	☐ breast cancer	☐ ovarian cancer	☐ colon cancer
☐ hereditary diseases	☐ disabilities	☐ diabetes	☐ other

date	signature