Anamnesebogen (englisch)

anamnesis - medical history

INSTITUT IZD ZATOLOGIE DYSPLASIE

surname:	maiden name:
first name:	date of birth:
address:	
phone:	e-mail:
profession:	nationality:

patient label

practice stamp

gynaecologist:		marital status: (single, married, divorced, widowed)
height: cm		weight: kg
last menstrual bleeding / menopause:		interval & durance & characteristics of menstrual bleeding:
pregnancies: (inculding miscarriages & abortions	births:	abnormalities during delivery:
last gynaecologic examination:		last PAP smear result:

vaccination against HPV: ☐yes ☐no, in case of „yes“: (Cervarix / Gardasil) when, how often:

previous gynaecological illnesses or operations:

non-gynaecological illnesses or operations: (e. g. diabetes, high blood pressure, thyroid diseases, cardiovascular disease, liver disease, coagulation disorder, kidney disease, varicosis, cancer, depression, anxiety disorder)

What kind of operations have been performed?(type of operation, year)

family history/ diseases: (e.g. cancer, coagulation disorder)

allergies: (e.g. medicine, antibiotics, local anaesthetics, iodine, latex, soya)

cigarettes: count/day	alcohol:
infectious diseases (hepatitis, HIV, tubercolosis):	
contraception ☐ yes ☐ no (e.g. oral contraceptives or IUD, condom):	are you seeking parenthood: ☐ yes ☐ no ☐ uncertain
Are you pregnant : ☐ yes ☐ no ☐ uncertain	hormone replacement therapy: ☐ yes ☐ no

Do you take medication regularly? (which, dosage)

_____ _____

place, date **patient's signature**

This document is stored in digital form in the patient's card.