PRAXIS SENNEWALD

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Patient questionnaire (medical history)

Dear patient, welcome to our practice! To help us provide you with the best possible care, please fill in this questionnaire. All information is subject to medical confidentiality.

1 Personal details

Surname, first name _____ Date of birth _____

Street, postcode, town _____ Occupation _____

Phone _____ Mobile _____ Email _____

Previous family doctor _____ Emergency contact (name, phone) _____

2 Previous and current illnesses

Please tick all known conditions.

- ☐ Diabetes
- ☐ Stroke
- ☐ Poor circulation in the legs
- ☐ Kidney disease
- ☐ Cancer
- ☐ Blood clotting disorder
- ☐ High blood pressure
- ☐ High blood lipids
- ☐ Lung disease (asthma, COPD)
- ☐ Liver disease
- ☐ Neurological disease
- ☐ Chronic infectious disease
- ☐ Heart disease
- ☐ Thrombosis / pulmonary embolism
- ☐ Thyroid disease
- ☐ Gastrointestinal disease
- ☐ Mental health condition
- ☐ Skin or eye disease

Details / other conditions: _____

Operations / accidents (with year): _____

3 Medication

Please also include blood thinners, injections, sprays, patches, the contraceptive pill and supplements. **Only fill this in if you do not have a separate medication list** – otherwise simply bring it with you.

Medication	Strength (e.g. 5 mg)	morning	midday	evening	night

4 Allergies and intolerances

☐ No ☐ Yes, the following (especially to medication): _____

PRAXIS SENNEWALD

Name: _____

Date of birth: _____

5 Body and lifestyle

Height (cm) _____ Weight (kg) _____ Sport / exercise (what, how often?) _____

Smoking: ☐ Never ☐ Yes: _____ cig./day for _____ years ☐ Ex-smoker until _____

Alcohol: ☐ No ☐ Occasionally ☐ Regularly, approx.: _____

Currently: ☐ pregnant ☐ breastfeeding ☐ Hepatitis B / C ☐ HIV

6 Other treatment and programmes

Seeing a specialist? ☐ No ☐ Yes, with: _____

Chronic disease programme (DMP)? ☐ CHD ☐ Diabetes ☐ Asthma ☐ COPD ☐ other

7 Screening and examinations

Last check-up (from age 35): _____ Colonoscopy: ☐ No ☐ Yes, on _____

Last ECG / exercise ECG: _____ Cardiac catheter: ☐ No ☐ Yes, on _____

Last 24-hour blood pressure test: _____ Last eye examination: _____

Last tetanus vaccination: _____ Vaccination record available? ☐ Yes ☐ No

8 Family history

Parents, siblings, grandparents

☐ Heart attack ☐ Stroke ☐ Diabetes ☐ High blood pressure

☐ Cancer ☐ Poor circulation in the legs ☐ Thrombosis ☐ Dementia

Details (who, at what age, which type of cancer): _____

9 Living situation

☐ In a relationship ☐ Single ☐ Widowed ☐ Children, number: _____ ☐ Care level (Pflegegrad)

Is there anything else important we should know? _____

10 Reminders and consent

May we remind you about due check-ups and vaccinations?

☐ No ☐ Yes, by ☐ phone ☐ SMS ☐ email

I confirm that my information is complete and correct to the best of my knowledge. I agree that Praxis Sennewald (joint practice of Dr. med. Rasmus M. Sennewald and Dr. med. Julia Sennewald) may store this information in my patient record and use it for my treatment. The data are subject to medical confidentiality and will only be passed on to third parties with my consent or on a legal basis. I can withdraw my consent to reminders at any time.

Date _____ Signature of patient (or legal representative) _____

Thank you! Please hand in this form at reception. Our doctors will be happy to help with any questions (our reception team speaks German only).