FRAUENÄRZTINNEN
IN BLANKENESE

Dr. med. Gudrun Schittek, Witts Allee 1a, 22587 Hamburg

last name:		first name:	
street, number:		postal code and city:	
date of birth:		health insurance:	
family doctor:		profession:	
phone number:		mobile number:	
e-mail address:			

Dear patient,

since this is your first visit to our doctor's office, we would like to know some details of your medical history. Please answer the following questions so that we can choose the appropriate treatment for you.

1. When was the first day of your last period, **or** when was the last period before your menopause started?

2. When did you have your last gynecological check up and PAP smear?

3. Do you take the pill or any other hormonal treatment?

4. Do you have any children? **When** was the birth? Was it a **normal delivery or did you have a caesarean section?**

5. Did you have a miscarriage? **If yes, when was it?**

6. Did you have an abortion? **If yes, when was it?**

7. Did you have any gynecological or breast surgeries?

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8. Did you have any severe diseases (e.g. cancer, diabetes, cardiovascular diseases, thrombosis, stroke) or surgeries?

9. Do you take any medicine?

10. Do you have any allergies?

11. Are there any severe diseases **in the medical history of your family** (e.g. cancer, diabetes, cardiovascular diseases, thrombosis or stroke)? **If yes, which family member was affected by what kind of disease?**

12. Do you smoke? **If yes, how much?**

13. Have you ever had a colonoscopy? **If yes, when was it?**

14. What is the reason for your visit to our doctor's office?

Thank you for your cooperation!

(date)

(patient's signature)

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