



Health history questionnaire

Surname _____ Name _____ Date of Birth _____

Street _____ ZIP Code, City _____

Telephone _____ oder Telephone (Place of Employment) _____

Health Insurance _____ Occupation _____

E-Mail _____

Our practice has been recommended by _____

Insurant

Surname _____ Name _____ Date of Birth _____

Street _____ ZIP Code, City _____

Employer _____

1. Have you ever suffered from any of the following diseases?

- Asthma
- Allergic reactions, intolerance to certain drugs or injections
- Heart disorders (angina pectoris, heart attack, cardiac pacemaker)
- Diabetes
- Jaundice, liver disease
- Blood disease, blood-clotting disorder
- Faint and / or spasm attacks
- Hepatitis (A,B,C,etc.)
- HIV positive

2. Are you currently suffering from any other diseases?

3. Do you take drugs on a regular basis, if yes, what kind?

4. For women: Are you pregnant or do you think you may be pregnant?

- Yes No Not certain

Are you taking birth control pills?

- Yes No

All personal information is subject to medical confidentiality.

- !** If I miss to cancel or do not appear to my 30 Minute appointment without notice, I will be charged 100€.
- !** If I miss to cancel or do not appear to my 60 Minute appointment without notice, I will be charged 200€.

*With my signature, I agree to receive information via E-Mail or Mail from Dr. Andreas Quidenus in the future.
I can terminate the sending of information at any time.*

Date _____ Signature _____