

Medical history

1. first name, surname _____ date of birth _____

e-mail _____ tel. _____

address, postcode, place _____

married (since _____) separated or divorced (since _____)

profession _____

2. Describe your present problems:

3. Which other diseases do you have?

4. What kind of operations have you had?

5. What medications do you take currently?

6. Are you aware of any allergies?

medications _____

food _____

pollen _____

others _____

7. Do you tend to constipation diarrhea insomnia ?

8. current weight _____ height _____

9. Do you smoke? _____

10. How much alcohol do you drink? _____

11. Which inoculations have you had? _____

12. Are there hereditary, tumor or metabolism diseases in your family?
