

Record sheet

Welcome to our office. We want to help you. That's why we need some further information of you. Please try to fill in the full sheet. You don't need to answer all questions, if you don't know the answer. But it helps us, to check it for you, to help you as best as we can. This sheet is just for our orientation. Thanks for your help!

Your Name:

-Who is your former doctor (Name, Address, Telefon)?

-Which other doctors do you consult?

-Gynaecologist

-Urologist

-Dermatologist

-Neurologist

-Specialist for ear, nose, mouth

-Cardiologist

-Diabetologist

-current occupation:

-current telefonnummer:

-current email address:

-height:

-weight:

-any allergies?

-smoker – how many cigarettes per day?

-non-smoker

Do you take any medicine? Which one?

-
-
-
-

Did you ever have an operation? Which Organ and in which year?

Record sheet

In which organs do you have diseases?

-heart	-thyroid
-lungs	-bonesystem
-liver	-eyes
-kidneys	-skin
-diabetes	Other:

Are there any diseases?

-Brother and sister

-mother

-father

-grandparents

What about vaccination?

-tetanus

-mumps, measles, rubella

-poliomyelitis

-ESME

-others

At the end some more questions:

How did you hear of us?

- Word of mouth
- Google search
- advertising on streets
- online recommendation

What is important for you to have a good home doctor?

<input type="checkbox"/> opening times	<input type="checkbox"/> no appointment needed
<input type="checkbox"/> waiting time	<input type="checkbox"/> friendliness
<input type="checkbox"/> home visits	<input type="checkbox"/>
<input type="checkbox"/> online consultation	<input type="checkbox"/>
<input type="checkbox"/> up to date information	<input type="checkbox"/>
<input type="checkbox"/> news an our website	

Thank you a lot for this information.

Your team of Dr. Hamann