



Gemeinschaftspraxis
Dres. Faustmann/Lenhardt
 Fachärzte für Allgemeinmedizin

Dear patient,

Welcome to our family practice in Schweinfurt. Please fill out this questionnaire and sign it to confirm the accuracy of your information. If you have doubts about a question mark “?”. Thank you!

surname:
 first name:
 address:

 date of birth:
 phone number/mobile:
 e-Mail:
 work/employer:
 place of birth:
 marital status:
 birth name:
 size:cm weight:kg
 severe disability ID-card:
 care level:
 living will:

Did you have regular appointments with your previous family doctor (1x/quarter)? yes no

Do/Did you have inpatient stays, important diseases, injuries, anesthesia, operations, cures,....?

smoking / alcohol / drugs (please underline)

allergies/intolerances: yes no
 (medications, food, latex, pollen)

Do you have one of the following diseases?:

1. Heart, cardiovascular: yes no
 (Hypertension, Heart attack, cardiac arrhythmia)

2. Blood vessels yes no
 (varicose, thrombosis, apoplexy)

3. Respiratory tract, lung: yes no
 (COPD, asthma, pneumonia)

4. Liver: yes no
 (hepatitis, fatty liver, gallstones)

(Please turn the page if you need more space.)

5. Kidneys: yes no
 (kidney failure, kidney stones)

6. Esophagus, stomach, gut: yes no
 (heartburn, boil, diverticulum)

7. Metabolism: yes no
 (diabetes, gout)

8. Thyroid gland: yes no
 (under-/over activity, goiter)

9. Skeleton: yes no
 (joint disease, spinal disorders)

10. Nerve, mind: yes no
 (epilepsy, paralysis, headache, depression)

child diseases:.....

glasses / contact lenses:

hearing aids: yes no

aids (e.g. walking stick,...):.

Did you have medical examinations? When?
 (e.g. gastro-/coloscopy, CT, MRI, heart catheter, X-ray, ultrasound, ...)

Are you under any kind of medication? yes no

Do you see a specialist on a regular basis? yes no

Were you enrolled in DMP/Curaplan?
 yes no

Do you have a vaccination certificate that is up to date?
 yes no

Who may be notified in case of an emergency?

May we contact you regarding appointments/medical check-ups? yes no

Date: your signature: