



Anamnesis questionnaire

Please fill in carefully – this information is part of your medical documentation and will be used e.g. for the choice of antibiotics, local anaesthesia or certain surgical procedures. All information is confidential and we guarantee that it shall not be disclosed.

Please acquaint yourself with the prices and conditions for treatment in our private clinic GYN MEDICO in advance. We will be glad to answer any questions.

Surname, first name, title.....

Personal identification no. Birthdate.....

Insurer Nationality

Street address Post code City

E-mail Phone.....

Occupation (job title):

Second contact person to leave a message with, if need be (illness of physician, need to reschedule appointments etc.)..... Phone.....

How did you hear about us?

- recommendation internet press - where..... other.....

Please mark if you suffer from any of the listed conditions and specify how long and since when:

Personal anamnesis

- Internal diseases (high blood pressure, diabetes, asthma, thyroid disease, kidney, varicose veins, bleeding disease).....
- Surgeries.....
- Injuries.....
- Infectious diseases (hepatitis, syphilis, HIV, mononucleosis.....).....
- Allergies
- Long-term use medicaments.....
- Frequent bleeding (treated?).....

Gynecological anamnesis

- Menstruation, since when, the regularity of the cycle:
- Date of last menstrual period:
- Previous pregnancy:
- Cervix treatments:

- Last preventive medical examination:
- Gynecological surgeries:
.....
- Contraception - name, difficulties.....
- Sexually transmitted diseases in the past (Chlamydia, Ureaplasma, syphilis ...)
.....
- Have you been vaccinated against HPV infection? YES NO
- Have you or any of your parents or siblings been treated for pulmonary embolism or venous thrombosis? YES NO
- Are you a smoker? YES NO
- Previous physician:
- Did you have your last preventive examination in the last 12 months?** **YES NO**

WE WOULD LIKE TO INFORM OUR CLIENTS THAT IF A SCHEDULED APPOINTMENT IS NOT CANCELLED AT LEAST 48 HOURS IN ADVANCE, WE ARE ENTITLED TO CHARGE A COMPENSATION FEE ACCORDING TO THE CURRENT PRICE LIST.

Note: It is common that the nurse contacts you within several days after your visit. This is nothing to worry about - only a way of obtaining feedback from our clients.

I have read and understood the terms and conditions for treatment and the price list of paid procedures. The data entered is correct and I have understood everything.

I am interested in receiving the Gyn Medico newsletter by e-mail YES NO

Date

Signature