

Medical history

Please fill out in block capitals!!!

QM 1.2.1(KZ1); 1.2.2(KZ1)

Given name:			
Date of birth:			
Height and weight:			
Phone & mail:			
Profession:			
Area of physical discomfort: Was there a work accident?			
Are you suffering from one of the following diseases?			
Diabetes mellitus	<input type="checkbox"/>	heart condition	<input type="checkbox"/>
thyroid dysfunction	<input type="checkbox"/>	rheumatic disease	<input type="checkbox"/>
liver affection	<input type="checkbox"/>	varicose veins	<input type="checkbox"/>
kidney disease	<input type="checkbox"/>	osteoporosis	<input type="checkbox"/>
high blood pressure	<input type="checkbox"/>	Other diseases (HIV, Hepatitis):	
Is there regularly taken medication?		If yes, please write down the medication and dosage:	
yes <input type="checkbox"/>	no <input type="checkbox"/>	1.	
		2.	
		3.	
		4.	
Are you suffering from any drug incompatibilities?		If yes, please write down the specific medication:	
yes <input type="checkbox"/>	no <input type="checkbox"/>	1.	
		2.	
		3.	
Are you suffering from allergies?		If yes, please list them down below:	
yes <input type="checkbox"/>	no <input type="checkbox"/>	1.	
		2.	
		3.	
Which operations were performed? (with the specific date)			
1.		2.	
3.		4.	
<p>I agree that all the medical data is gathered in the computer system (including the recall-system). The software is serviced by the company called MediStar Praxiscomputer GmbH in Hannover. For this purpose it is necessary that co-workers of the above-mentioned company may have to examine and/or process the medical data in case of system failure. All regulations regarding data privacy are observed.</p>			

signature:

date: