

Present complaints\_(which, since when, how often, trigger)

Previous investigations

Previous diseases

no previous diseases

Neurological diseases

high blood pressure    coronary heart disease    cardiac arrhythmia    peripheral arterial diseases    renal failure

Diabetes mellitus (HbA1c:\_\_\_%)    thyroid disease    autoimmune disease:

Tumors (which, localisation, when diagnosed, treatment):

Psychiatric disease:

Operations (which, when):

Medication    no regular medication

Allergies / intolerances

Profession

Family status

Exercise

Degree of nursing care: \_\_\_\_\_

Degree of disability: \_\_\_\_\_

Legal support:  No    Yes

Which doctor is allowed to receive medical information (i.g. reports via FAX, Email, telephone enquiry)?

Which relative is allowed to receive information or collect documents instead of you?

Telephone number (for contact / enquiry)

E-Mail

I confirm the completeness and correctness of the above mentioned details

(Date and signature): \_\_\_\_\_

