Dr. Daniela Reindell, Dr. Christine Nökel, Dr. Nikola Baur (Frauenärztinnen)

Albert-Roßhaupter-Str. 96, 81369 Münchenn

Dear Patient

Welcome to our gynecological practice!

In order for us to respond and accommodate your needs or wishes, please answer the following questions:

1. Surname, Forename **Date of Birth** **Marital status** **Profession**

__________________________________ ______/______/________ _______________ ______________________

2. What is the reason for your visit? Are you currently experiencing any unusual pain or symptoms? Have you been to a gynecologist before? Please bring us the result and date of the last Pap-Smear-Test.

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3. When was the first day of your last menstruation? _____________________

4. Is your menstrual cycle regular? If it is not regular, what is your approximate average cycle length? ____________

5. Do you take or are you on any contraception? If so, please indicate which one: _______________________________

6. Are you receiving any medical treatment from your doctor/prescribed medication? (If yes, please state the dosage

of any medication/tablets) ____

7. Do you have children? If yes, when were they born? ____

8. Have you had any other pregnancies? (Abortion etc.) ____

9. Have you ever received surgical treatment? If yes, which operation have you had and when?

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10. Do you have any internal diseases, for example, high blood pressure or diabetes? ____________________________

11. Do you have any allergies? If yes, please give details here: ____

12. Have you ever received a vaccination against rubella or chicken pox? _____________________________________

13. Did you ever have an infection as a child? If yes, please state: ____

14. Have you ever received a vaccination against cervical cancer? ____

15. Is there history of any cardiovascular diseases, cancer or thrombosis/clotting problems in your family? If yes, please give details here:

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16. Do you smoke? If yes, how many cigrettes per day? ____

17. What is your height and weight? _____________ **cm/ ft** _____________ **kg/ lbs/ stone**

THANK YOU IN ADVANCE!

Stand 01/2023