sanacare

Surname / First name / Date of birth :_____

Medical questionnaire

Dear patient

To ensure that we can provide you with the best possible care, we kindly ask that you answer the following questions before your first appointment:

Do you suffer from any of the following conditions:	Yes	No	If yes, which/when?
▪ heart or circulation problems (high blood pressure, arrhythmia, thrombosis, pulmonary embolism)?	☐	☐	
▪ lung or respiratory conditions?	☐	☐	
▪ any condition affecting the stomach, intestines, liver or gall bladder?	☐	☐	
▪ diseases of the kidney and/or bladder?	☐	☐	
▪ conditions affecting the head or the nervous system (epilepsy, MS, Parkinson's disease, dementia)?	☐	☐	
▪ any metabolic disorders (diabetes, thyroid etc.)?	☐	☐	
▪ disorders of the reproductive organs or sexual function?	☐	☐	
▪ conditions affecting the musculoskeletal system, the muscles or back?	☐	☐	
▪ Any form of a tumour disease?	☐	☐	
Are you currently receiving treatment from a psychiatrist or psychologist, or have you received such treatment in the past?	☐	☐	
Do you drink alcohol? If yes, how much?	☐	☐	
Do you smoke? If yes, how much?	☐	☐	

	Yes	No	If yes, which/when?
Do/did you take drugs?	☐	☐	
Do you exercise regularly? If so, what kind of exercise?	☐	☐	
Are you taking any medication?	☐	☐	
Have you had any operations, accidents or serious illnesses?	☐	☐	
Do you have allergies?	☐	☐	
Have you already had vaccinations?	☐	☐	
Do your parents or siblings have any illnesses such as heart disease, stroke, epilepsy, tumours, diabetes, high blood pressure, etc.?	☐	☐	
Are you single?	☐	☐	If no: Do you live with a partner? ☐ Yes ☐ No
Further important information:			

We thank you for your valuable co-operation.

Your Sanacare team