FENNER Hausarztpraxis
Dr. med. Jonas Prause
Facharzt für Allgemeinmedizin

Medical History

Name:
Date of birth:
Adresse:

age: **height:** ..... **cm** **weight:** ..... **kg**

telephone number: ..... **profession:** .....

present problems:

.....

.....

risk factors:

smoking	☐	**no**	☐	**yes, how much?** .....
drugs	☐	**no**	☐	**yes, which drugs?** .....
alcohol	☐	**no**	☐	**yes, how much?** .....

allergies:

☐ **no** ☐ **yes, which?** .....
.....

Chronic diseases/operations:

☐ **no** ☐ **yes, which?** .....
.....

Long-term medication:

☐ **no** ☐ **yes, which?** .....
.....

nutrition:
(e.g. vegan) .....

last vaccinations (tetanus, measles, flu and so on), when?

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family history (cancer/heart diseases/diabetes and so on)

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others (chronic stress, marital status, children and so on)

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