

Urologisches Praxis-Zentrum Darmstadt - Pfungstadt

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Questionnaire for Patients

Last Name: _____ First Name: _____

Zip code: _____ Place of residence: _____ Street: _____ No. _____

Date of birth: _____ Profession / past Profession: _____

e-mail: _____

For minors, the name and the address of the legal representative. In capital letters.

Phone:

private: _____ on business: _____ mobile: _____

Height (cm): _____ Weight (kg): _____

Family doctor: _____

Do you suffer from chronic illness or have you ever been seriously ill? Yes No
If yes, what disease? _____

Do you regularly take medication? Yes No
If yes, which? _____

Do you take anticoagulants? Yes No
(for example.: ASS, Marcumar, Plavix etc.)
If yes, which? _____

Have you had surgery?? Yes No
If yes, please specify which year? _____

Have you had cancer? Yes No
If yes, please specify which year? _____

Do you have allergies? Yes No
If yes, which? _____

Please turn around, second page!

Do you smoke? Yes How much? _____/Day No

Do you drink alcohol? Ja How much? _____/ Day No

How often you need to urinate? by day: _____ by night : _____

Only for men:

Do you suffer from reduced sexual potency? Yes No

If yes, since when? _____

Only for woman:

Number of birth: _____ Spontaneous or caesarean section? _____

Were there complications? Yes which? _____ No

Are you currently pregnant? Yes What week of pregnancy? _____ No

Confidentiality release:

Who, we may provide information about your findings? (E.g., husband, wife, children, etc.) Please with name, first name indicate relatedness.

1. _____

2. _____

3. _____

I agree to the electronic storage and processing of my personal data for medical research purposes without giving personal data agreement pursuant to Section 4 BDSG. Yes No

I agree with the report mailing fax / letter to the referring Doctor / family doctor. Yes No

I hereby agree that my data in Urologischem Praxis-Zentrum by all doctors and staff / inside and whose succession may be viewed. Yes No

The consent for data protection are valid until revoked.

Darmstadt, date:..... signature.....