Urologisches Praxis-Zentrum

Darmstadt - Pfungstadt

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Patient's questionnaire / declaration of data protection.

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 adress oft he legal represent. 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?_____

Are you allergic to medications or patches? Yes ☐ No ☐

If yes, which?_____

Please turn around, second page!

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

Do you drink alcohol? Yes ☐ 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 indicates relatedness.

1._____

2_____

3._____

I agree with the electronic storage and processing of my data. The legal basis is Art. 9 (2) DSGVO in conjunction with §22 (1) Federal Data Protection Act. Yes ☐ No ☐

I agree with the report mailing/ fax / letter to the referring other doctor's and hospitals. 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……