Dr. med Harry Tschebiner
Gynäkologie | Prävention | Ästhetik

Dear patient,
please answer the following questions at your first appointment – in capital letters! 2015 Aufn. w
Thank you for your help!

Family Name _____ First Name _____Date of birth _____

Street _____ ZIP/Home-City _____

Phone number Home _____ Office_____

Cell Phone _____ E-Mail _____

Public Health Insurance Company: _____ / O No Insurance?

Private Insurance: yes / no? Insurance Company: _____

Insured Person _____ Date of Birth _____

Family Doctor: _____ Address _____ Phone _____

Your Profession _____Marital Status: Single / Married / Divorced / Widowed?

Allergies? _____Cigarettes yes / no? Cig./day? _____

Height (cm) _____ Weight (kg) _____ 1. Menstruation Age? _____ Blood Group / Rhesus?_____

You had German Measles: yes/no /Immunization Yr?_____ Chickenpox? : yes/no /Immunization Yr?_____

Last Mammogram? _____ Colonoscopy? _____ Bone Density Measurement? _____

Familiy History: O Breast Ca./O Bowel Ca./O Osteoporosis/O Thrombosis/O Heart Attack/O Stroke/O Diabetes

History of your own diseases (which/when?) _____

Operations (which/when?): _____

Pregnancies: yes / no? No. of children _____ Years of Birth: _____ Cesarian?:_____

Miscarriages: _____ Abortions: _____ Actual Medication: _____

Your Last Visit at your Gynecologist? _____ GP / Intern? _____ Dermatologist? _____

Your Last Menstruation (1. day)? _____

Menstrual Cycle: regular/irregular (without pill!) every ___ days. Duration: ___ days? Menstr. Pain: yes / no?

Contraception: yes/no? Pill / Nuvaring / IUD / Sterilization /other? _____ Since when? _____

How did you find us? O Recommendation O Google O Patient Internet Portal O Other: _____

How do you want us to inform you about suspicious results: O Email O Letter O Phone

I do agree that you may send me information about my pending control-examination and important news about prevention: Yes / No?

Your written consent is mandatory for passing on information about your treatment to a substitute or successor gynecologist in case you want treatment. Be sure we treat your documents strictly confidentially!

I do agree with passing on necessary information to your substitute or successor: Yes / No?

Munich, Date:_____ Signature: _____

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