



# Die Hausärzte am Friedensengel

Internistische  
Gemeinschaftspraxis  
Dr. med. Michael Goretzki  
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Dear patient,

welcome to our practice. The following questions are important to help us manage Your health. If You are not sure how to answer, then just put a question mark.

**last name, first name:** .....

**date of birth:** ..... **occupation:** .....

**home phone number:** ..... **work number:** .....

**email:** ..... **cell number:** .....

**marital status:** ..... **children:** .....

**height (in cm):** ..... **weight (in kg):** .....

**allergies:** .....

**reason for today's visit / chief complaint:** .....

.....

**do You have following symptoms:**    **yes**    **no**    **which symptoms?**    **when?**

head/throat/thyroid/teeth?            .....

metabolic disease?            .....

heart/vascular?            .....

lungs?            .....

stomach/gastrointestinal?            .....

kidney/urinary tract/sexual?            .....

neurologic/psychologic?            .....

bone/muscles/joints?            .....

skin?            .....

other?            .....

**past surgical history?**    **what year?**

.....

.....



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**medications?**

(including hormone replacement and oral contraceptives)

**schedule?**

**dose?**

.....  
.....  
.....  
.....  
.....

**women:**

**yes no**

are You pregnant ?

if yes: how many weeks gestation?.....

**family history:**

**which disease?**

**which relative?**

cardiac?

.....

high blood pressure?

.....

stroke?

.....

peripheral vascular disease?

.....

diabetes?

.....

cancer?

.....

lungs disease?

.....

kidney disease?

.....

bleeding/clotting diseases?

.....

other?

.....

**social history:**

**yes no**

smoking/vaping?

how much: ..... Since when: .....

alcohol?

how much: .....What do You drink: .....

exercise?

Wie oft: ..... Was: .....

vegetarian/vegan?

Wie oft: ..... Was: .....

\_\_\_\_\_  
**date, signature**