Internistische
Gemeinschaftspraxis
Dr. med. Michael Goretzki
Dr. med. Dušan Prevalšek
Widenmayerstr. 24
80538 München

Die Hausärzte
am Friedensengel

Dear patient,

welcome to your Primary Care Physicians in Munich-Lehel. The following information is important for your treatment. If you are unsure about any of the information, please enter a question mark.

Last name, first name: .....

Date of birth: ..... **Occupation:** .....

Phone: home: ..... **Work:**.....

Email: ..... **Cell phone:** .....

Marital status: ..... **Children:** .....

Height (in cm): ..... **Weight (in kg):** .....

Allergies: .....

Reason(s) for today´s visit / chief complaint: .....

.....

Do you have or have you had diseases/illnesses/complaints such as:

	Yes	No	Give details	When?
head/throat/thyroid/teeth?	☐	☐	.....	
metabolic disease?	☐	☐	.....	
heart/vascular?	☐	☐	.....	
lungs?	☐	☐	.....	
stomach/gastrointestinal?	☐	☐	.....	
kidney/urinary tract/sexual?	☐	☐	.....	
neurologic/psychologic?	☐	☐	.....	
bone/muscles/joints?	☐	☐	.....	
skin?	☐	☐	.....	
other?	☐	☐	.....	

Have you had surgeries lately? **What year?**

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Current medications? **Schedule?** **Dose?**
(including hormone replacement and oral contraceptives)

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Women:	**Yes**	**No**	
Are You pregnant ?	☐	☐	**If yes: week of pregnacy?**.....

Family history:			**What disease?** **What relative?**
Heart disease?	☐	☐	.....
High blood pressure?	☐	☐	.....
Stroke?	☐	☐	.....
Circulatory disorders?	☐	☐	.....
Diabetes?	☐	☐	.....
Cancer?	☐	☐	.....
Lung disease?	☐	☐	.....
Kidney disease?	☐	☐	.....
Coagulation disorder/thrombosis?	☐	☐	.....
Other?	☐	☐	.....

Lifestyle & social history:	**Yes**	**No**	
Smoking/vaping?	☐	☐	**How much: ..... How long: .....**
Alcohol on a regular basis?	☐	☐	**How much: .....What do You drink: .....**
Work out on a regular basis?	☐	☐	**How often: ..... What kind of: .....**
Do you eat meat and dairy products?	☐	☐	**How often: ..... What kind of: .....**

Date, Patient Signature