

Please complete before your appointment and hand it in at the reception desk.

You can fill in this form on screen and print it, or print it first and complete it by hand.

PERSONAL DETAILS

Surname	First name	Date of birth
Street	No.	Phone / mobile
Postcode	Town / city	Email
Occupation	German care level (Pflegegrad), if applicable	

WHO SHOULD WE CONTACT IN AN EMERGENCY?

Name	Phone	
Street and no.	Postcode	Town / city

INFORMATION ABOUT YOUR HEALTH

Do you have any acute or chronic conditions of the heart or circulatory system? If yes, which ones?

Chronic conditions in your family

Do you have a bleeding disorder or tendency to bleed?

Infectious diseases (for example hepatitis, tuberculosis, HIV)

INFORMATION ABOUT YOUR HEALTH (CONTINUED)

Internal conditions (for example diabetes, thyroid disorders)

Previous operations

Drug hypersensitivity or allergies

DO YOU TAKE ANY MEDICATION?

If yes, please list it here:

Medication	morning	midday	evening

Do you smoke?

WHEN WERE YOU LAST VACCINATED AGAINST?

Tetanus / diphtheria / pertussis (polio)

Mumps / measles / rubella (MMR)

Shingles (herpes zoster)

Pneumococcal disease (pneumonia)

Covid-19

Influenza (flu)

PATIENT INFORMATION ON DATA PROTECTION

Our patient information on data protection is available at the reception desk on request.

By signing below, you consent to the data protection policy applied at Hausarztpraxis am Tierpark,
Silke Mockett and Dr. med. Christian Grabow.

Place, date

Signature