

# ANAMNESIS SHEET

**Frauenärzte** Möglingen MVZ GmbH

Dr. med. Claudia Groß

Dr. med. Harald Müller

& Kollegen

Möglingen, Lbg. und Bietigheim

## For new patients

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Phone number: \_\_\_\_\_

Hight: \_\_\_\_\_ Weight: \_\_\_\_\_ Age of first menarche: \_\_\_\_\_ Date of menopause: \_\_\_\_\_

### Pregnancy

Date: \_\_\_\_\_ spontaneous birth/cesarean section \_\_\_\_\_ birth weigh: \_\_\_\_\_ gender: \_\_\_\_\_

1.)

2.)

**Miscarriage/Abortions:** how often? \_\_\_\_\_ when? \_\_\_\_\_

### Gynecological Operations:

What kind of? \_\_\_\_\_ when? \_\_\_\_\_ Clinic? \_\_\_\_\_ Cancer? \_\_\_\_\_

### Other operations:

What kind of? \_\_\_\_\_ when? \_\_\_\_\_ Clinic? \_\_\_\_\_ Cancer? \_\_\_\_\_

### Other (internal) Diseases:

#### Medications:

**Allergies:**  yes, to: \_\_\_\_\_  no

**Nicotin:**  yes, \_\_\_\_\_ daily  no

**Thrombosis:**  yes  family member  no

**Migraine:**  yes  no

**Vaccinations:** Date: \_\_\_\_\_ what kind: \_\_\_\_\_ next booster shot: \_\_\_\_\_

### Family History (breastcancer, other carcinomas, thrombosis, stroke, other):

Who? \_\_\_\_\_ what kind? \_\_\_\_\_ at what age: \_\_\_\_\_