Pulmologische Praxis Dr. med. Susanne Riese
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Patient Questionnaire / Anamnesis Sheet

Dear Patient, We are pleased that you have come to our practice. In order to be able to adapt the treatment of your state of health in the best possible way, we ask you to complete this questionnaire to the best of our knowledge. Take the time to answer the following questions should a question be incomprehensible to you. Later, one of the staff will be happy to assist you in answering this question. Please hand over the completed, signed sheet when you first contact me. Of course, your information will be treated strictly confidential according to the GDPR and will not be passed on to anyone!

Name :	Adress:
Phone / Mobil :	Date of Birth:
Height :	Weight:

What diseases are known to you?

No	Yes ☐ No ☐		
Diabetes	Yes ☐ No ☐	Dizziness	Yes ☐ No ☐
Bleeding.	Yes ☐ No ☐	heart disease	Yes ☐ No ☐
high blood pressure	Yes ☐ No ☐	Heart attack.	Yes ☐ No ☐
Cholesterol too high	Yes ☐ No ☐	stroke.	Yes ☐ No ☐
Stomach disease	Yes ☐ No ☐	gout.	Yes ☐ No ☐
kidney disease.	Yes ☐ No ☐	rheumatism	Yes ☐ No ☐
bowel disease	Yes ☐ No ☐	Asthma, chronic. Bronchitis	Yes ☐ No ☐
liver disease	Yes ☐ No ☐	seizure disorders	Yes ☐ No ☐
thyroid.	Yes ☐ No ☐	mental illness.	Yes ☐ No ☐
tuberculosis	Yes ☐ No ☐	Skin diseases.	Yes ☐ No ☐

cancer. Yes ☐ No ☐ Allergies Yes ☐ No ☐

Which type? _____ Which? _____

In which specialist treatment are you regularly?

Lung Specialist ☐ Orthopedist ☐ Urologist ☐ Cardiologist ☐

Neurologist ☐ Haematologist ☐ further: ☐ _____

What operations did you have?

No yes ☐ Heart surgery surgery yes ☐ Breast surgery yes ☐

Vascular surgery yes ☐ Uterine surgery yes ☐ Cancer surgery yes ☐

Almond- surgery yes ☐ Thyroid surgery yes ☐ Appendix operation yes ☐

Other surgery: _____

Do you regularly take medication? If yes, which and how often? yes ☐

_____

_____

_____

_____

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Questions about the X-ray examination When

was your last x-ray examination on the chest (thorax)? _____

Do you carry a pacemaker? yes ☐ no ☐

Do you wear body jewelry (piercing or similar on the upper body)? yes ☐ no ☐

Do you wear metallic implants on the upper body? yes ☐ no ☐

Only for female patients!

Are you pregnant or is the probability? yes ☐ no ☐

Note According to DSGVO: The "Information on Collection of personal data" can be viewed in Practice

What diseases are known in your family (mother, father, siblings, children)?

Heart disease / heart attack yes ☐ which / with whom? _____

Respiratory disease (eg asthma) yes ☐ which / with whom? _____

Pulmonary disease (eg embolism) yes ☐ which / with whom? _____

Allergies (eg hay fever). yes ☐ which / with whom? _____

Cancer, (eg lung cancer) yes ☐ which / with whom? _____

Blood diseases (eg thrombosis) yes ☐ which / with whom? _____

other illness yes ☐ which / with whom? _____