SPECIALIST YULIYA BELYAVSKAYA
General medicine & Aesthetic medicine

Dear patient,

in addition to your personal data, we also need information about your current state of health. We therefore ask you to fill out this anamnesis form according to your level of knowledge (please also remember the back page!). All information is treated confidentially and is subject to medical confidentiality (see DSGVO).

Personal data

name, surname _____

profession _____

phone number _____

e-Mail _____ health insurance_____

privately insured yes ❍ no ❍

Do you currently have or have you had diseases such as …

asthma	❍	heart disease	❍
pancreatic disease	❍	hepatitis	A ❍ B ❍ C ❍
blood pressure high ❍ low	❍	HIV (AIDS)	❍
COVID-19 infection	❍	liver inflammation	❍
bowel disease	❍	lung disease	❍
diabetes mellitus type I ❍ type II	❍	gastric disease	❍
epilepsy	❍	kidney disease	❍
dyslipidemia	❍	mental disease	❍
joint disease	❍	thyroid disease	❍
uric acid metabolism disorder (gout)	❍	tuberculosis	❍
skin disease	❍	tumor disease	❍

other illnesses/ complaints/ abnormalities

_____

Have you had surgeries lately? yes ❍ no ❍ if so, which one(s)? _____

Body measurement size (in cm) _____

weight (in kg) _____

For our female patients

are you pregnant? yes ❍ no ❍

Do you take medication regularly? yes ❍ no ❍ **Do you smoke?** yes ❍ no ❍

if so, which one(s)? _____

Do you drink alcohol? yes ❍ no ❍ **Do you take drugs?** yes ❍ no ❍

if so, how much/ how often? _____ if so, which one(s)? _____

Allergies

aspirin	❍	house dust mite	❍	paracetamol	❍
antibiotics	❍	ibuprofen	❍	pollen	❍
grasses	❍	novamine sulfon	❍	animal hair	❍
food	❍	if so, which food? _____			

others _____

Genetics: illnesses in the family (including your children/ silbling/ parents/ grandparents etc.)

autoimmune disease		❍		dyslipidemia	❍
asthma		❍		heart infarction/ stroke	❍
high blood pressure		❍		any type of tumor	❍
diabetes mellitus	type I ❍	type II	❍	mental diseases	❍

others _____

On our own behalf: how did you find out about our office?

recommendation	❍	transfer from	❍	_____
our website	❍	other website	❍	_____
Jameda (doctor portal)	❍	others	❍	_____

_____ _____

place and date **signature**

Scan the QR code to see our new website

www.hausarztpraxis-kopernikusplatz.de