

Medical History Form Cardiology

we welcome you to our specialised cardiology practice KiB - Kardiologie in Bogenhausen. In order to provide you with the best possible advice, we ask you to fill out the following Medical History Form: 1. Personal data: Date of birth (DD.MM.YYYY): Surname, first name: Telephone/ Mobil: Health insurance company: E-Mail: Family doctor: 2. Check-up: Height (in cm): Weight (in kg): Smoking: No Yes Since when (number of years)? If "Yes", how many cigarettes do you consume per day? 3. Medication: What medication are you taking (please state the preparation (brand name/ active pharmaceutical ingredient) and dose)? Medication morning midday evening 4. Allergies: Do you have any known allergies (especially to medications)? Yes If "Yes", what allergies? No I hereby confirm the accuracy of the information I provided voluntarily and allow *KiB – Kardiologie in Bogenhausen* to store my data in my patient file.

Signature:

Date (DD.MM.YYYY):

Dear patient,