# Anamnesis

ELLER ⬭ KELLERMANN

## PATIENT DETAILS

surname:       first name:      date of birth:

adress:          post code:   city:

phone number:      email:

profession:

family doctor:

**1.** Please describe your present complaints:

**2.** How long have you had these complaints?

**3.** What worsens the pain?
- ☐ movement
- ☐ rest
- ☐ heat
- ☐ cold

**4.** What eases the pain?
- ☐ movement
- ☐ rest
- ☐ heat
- ☐ cold

**5.** Have you already received treatment?

**6.** Do you suffer from … ?
- ☐ numbness
- ☐ hypersensitivity
- ☐ feeling of warmth
- ☐ cold feeling
- ☐ burning
- ☐ tingling

**7.** Have you had any accidents?
*if any which and when?*

**8.** What surgery have you had?

*if any which and when?*

**9.** Are you aware of any allergies?

*to (which substances)?*

**10.** Do you have or have you had?

- ☐ high blood pressure
- ☐ low blood pressure
- ☐ heart disease
- ☐ infectious diseases

- ☐ vascular disease
- ☐ diabetes
- ☐ ulcerated stomach
- ☐ cataract

- ☐ bleeding disorder
- ☐ tumors, cancer
- ☐ circulation trouble

**11.** Do you take any medicine regularly?

*If so, which?*

**12.** Is there anything else that we need to know? (E. g. pregnancy, metal in your body, intake of anticoagulants)

## Privacy Policy

Dear Patient,

We take the protection of your personal data very seriously and conform strictly to the legal provisions and/or the rules of the Datenschutzgesetz according to BDSG § 4 f.

In order to provide you with an optimal treatment, we require some personal data from you. These details are solely to be used for internal purposes and we undertake not to communicate your data to any third party without your prior consent.

**I agree,**
(Mr./ Mrs.): _____            date of birth: _____

that the medical practice **ELLER & KELLERMANN**

☐ is allowed to save the data (email address and telephone number) given in my registration.

☐ may store my personal phone number and my personal email address in the **Doctolib** scheduling system for internal purposes. I further consent to receiving notifications regarding my appointment via SMS and email. These data will <u>not</u> be forwarded to third parties.

date: _____            signature: _____