Hausarztpraxis am Ostbahnhof
Facharztpraxis für Allgemeinmedizin

Date: _____

New Patient Intake Form

Dear Patient,

Welcome to our practice. We are pleased that you have chosen to receive treatment from us!

To enable us to provide you with the most comprehensive and individualized care possible from the outset, we require, in addition to your personal details, some information about your current state of health, existing or previous medical conditions, allergies, medications taken regularly and, where available, relevant previous medical reports. You are welcome to bring copies of the relevant documents.

This information helps us assess your medical situation as accurately as possible and plan your treatment safely and in accordance with your individual circumstances.

All information will, of course, be treated confidentially and is subject to medical confidentiality.

Personal details

Last name, first name: _____

Date of birth: _____

Home address: _____

Mobile number: _____

Home phone (if applicable): _____

Personal email: _____

Emergency contact (name, phone): _____

Occupation: _____

How did you hear about us?

- o Recommendation
- o Internet
- o Other

Other physicians involved in your care

Previous primary care physician: _____

Other specialists: _____

_____

Height and current weight: _____

Do you have any ALLERGIES / intolerances? If yes, which?

_____

_____

_____

Reason for your visit - current symptoms: _____

_____

Do you currently feel under significant psychological strain (stress, burnout)?

o No
o Yes, mainly work-related
o Yes, mainly personal

For women

Are you pregnant?

o No
o Yes

Menopausal symptoms? If yes, which: _____

_____

Vaccination status:

Do you have a vaccination record?_____

When was your last vaccination?_____

_____

Surgery:

Have you ever had surgery? If yes, when and for what?

o No
o Yes: _____

_____

_____

Medical conditions and substance use - please tick as applicable:

o Smoker
o Alcohol/drug-related problems
o High blood pressure
o Heart disease
o Lung disease
o Gastrointestinal disease
o Eating disorder
o Rapid weight changes
o Liver disease
o Kidney disease
o Thyroid disease
o Metabolic disorder
o Chronic pain
o Chronic infections
o Diabetes
o Rheumatic disease
o Chronic fatigue
o Sleep disorders
o Difficulty concentrating
o Lack of drive
o Problems with libido
o Other:_____

please turn over!

Hausarztpraxis am Ostbahnhof
Facharztpraxis für Allgemeinmedizin

Which medications do you take regularly?

Medication	morning	midday	evening	at bedtime

Thank you for your cooperation!