

**Present complaints** (which, since when, how often, trigger)

**Previous investigations**

**Previous diseases**

No previous diseases

Neurological diseases

high blood pressure    coronary heart disease    cardiac arrhythmia    peripheral arterial disease    renal failure

Diabetes mellitus (HbA1c:\_\_\_\_%)    thyroid disease    autoimmune disease:

Tumors  
(localisation, when diagnosed, which treatment):

Psychiatric diseases

Operations (which, when):

Medication:       no regular medication:

**Allergies/ intolerances**

**Profession**

**Family status**

**Exercise**

Degree of nursing care: \_\_\_\_\_

Degree of disability: \_\_\_\_\_

**Legal support:**  no    yes

**Which doctor is allowed to receive medical information (i.e. reports via FAX, Email, telephone enquiry)?**

**Which relative is allowed to receive information or collect documents instead of you?**

**I confirm the completeness and correctness of the above mentioned details**

(Date and signature): \_\_\_\_\_