

## MEDICAL QUESTIONNAIRE

Dear patient!

Please fill in this questionnaire before talking to the doctor. It will help us to get to the point more quickly.

Patient data: .....	Date: .....
NAME: .....	
Date of birth: .....	insurance number: ..... insurance company: .....
Phone/ FAX: ..... e-mail:.....	
Address: .....	
Present occupation/profession: .....	
Working address: .....	

<b>If the patient is not personally insured- data of the insured person:</b>	
NAME: .....	
Date of birth: .....	insurance company ( and number): .....
Workingaddress: .....	

• **Reasons for coming here:**

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="radio"/> coughing               | <input type="radio"/> itching eyes    | <input type="radio"/> digestive problems |
| <input type="radio"/> breathing difficulties | <input type="radio"/> swollen eyelids | <input type="radio"/> others:            |
| <input type="radio"/> running nose           | <input type="radio"/> itching palate  | <input type="radio"/> .....              |
| <input type="radio"/> sneezing               | <input type="radio"/> itching skin    | .....                                    |
| <input type="radio"/> blocked nose           | <input type="radio"/> rashes          |  |

• **When did this start?.....**

• **Is there any connection to the time of the day (when is it worst)?**

- |                                      |  |                                      |
|--------------------------------------|--|--------------------------------------|
| <input type="radio"/> in the morning | <input type="radio"/> at night           | <input type="radio"/> after the meal |
| <input type="radio"/> at noon        | <input type="radio"/> at different times | <input type="radio"/> all day        |
| <input type="radio"/> in the evening |  |                                      |

• **Is there any season, when it is worst (e. g.: easter, summer, winter, ...)?**

- months (from / to): .....
- all year round

• **Symptoms are worst**

- |  |   |
|--|---|
| <input type="radio"/> at home                          | <input type="radio"/> after consumption of certain food - |
| <input type="radio"/> in the open air                  | namely:   |
| <input type="radio"/> because of your hobby, which is: | .....   |
| .....  |   |
| <input type="radio"/> at your workplace                |   |

• **For testing allergy a blood sample has to be taken. Would you like to**

- sit or
- lie down during the process

**PLEASE TURN!**

- Do you have any contact with irritating or toxic substances (at work, due to your hobby,...)?  
 Yes  No

- Do you take any **allergy-medication at present? Which?**  
 .....

- Did you ever have troubles in connection with  
 food  costume jewellery  
 medication  vaccinations  
 insect stings  others: .....

- Do you, or anyone living with you, smoke?  
 No, I don't  
 Yes, at most ..... cigarettes a day  
 Yes, I live in a smokers household

- Do you have any **pet or contact with an animal?** If yes, with which?  
 .....

- Which problems do you have in contact with a pet?  
 None  
 .....

- Do you have **plants** at your home?  Yes  No
- Is your flat infested with mould?  Yes  No

- What does your mattress consist of: ..... (e.g. latex, horse hair)  
 Your cushion: ..... (e.g. feathers, foam material)  
 Your quilt: ..... (e.g. wool, feathers, silk)

- Does anyone in your family suffer from an allergy (parents, siblings, grand parents)?  
 No  
 Yes, namely: .....

- Have you already undergone an allergy-test?  
 No  
 Yes ..... years ago, at: .....

The following **allergies were found:**.....

- **Do you suffer / or have you ever suffered from hepatitis / HIV**  
 No  
 Yes

- **Do you suffer from any other disease (e.g. high blood-pressure)?**  
 No  
 Yes, namely: .....

- Is there any medication you take regularly?  
 No  
 Yes, namely: .....

**PLEASE NOTE:** The medical report will be sent to your doctor and to your adress several days after your **final** visit.

If you want an additional medical report to be sent to your home address please deposit **€ 0,80** for stamp.