

Gynaecology Dr. med. Maria Link

My staff and I would like to welcome you to our office. Please answer the following questions about yourself and your medical history.

Family name, first name: _____

Date of birth: _____

Address: _____

Telephone number: _____ Email: _____

How tall are you? _____ cm. What is your weight? _____ kg.

Do you smoke? _____ How many cigarettes a day? _____

How old were you, when you had your first menstruation? _____

When was your last menstruation? _____

Are you taking any hormones or other medication? _____

Are you using an IUD? _____

What operations and serious illnesses did you have? _____

How many children have you given birth to? _____

Miscarriages? _____ Abortions? _____

Do you have any allergies? _____

What is the reason for your visit today? _____

Thank you very much!