

Last name: _____

First name: _____

Address: _____

Employer: _____

Postcode/Location: _____

Job: _____

recommended by: _____

Home phone number: _____

Doctor: _____

Work phone number: _____

Health insurance: _____

Mobile: _____

E-Mail address: _____

Birth date: _____

Yes No

Allfällige Bemerkungen:

- | | | | |
|-----------------------|-----------------------|--|-------|
| <input type="radio"/> | <input type="radio"/> | Do you smoke? How much? | _____ |
| <input type="radio"/> | <input type="radio"/> | Do you require any regular medication? | _____ |
| <input type="radio"/> | <input type="radio"/> | Were you in the hospital in the last years? | _____ |
| <input type="radio"/> | <input type="radio"/> | Do you take any anticoagulants? | _____ |
| <input type="radio"/> | <input type="radio"/> | ? | _____ |
| <input type="radio"/> | <input type="radio"/> | Hatten Sie jemals eine ungewöhnliche Reaktion auf Injektionen, Speisen oder Medikamente? | _____ |
| <input type="radio"/> | <input type="radio"/> | Schwierigkeiten mit langem Bluten? | _____ |
| <input type="radio"/> | <input type="radio"/> | Do you have ? | _____ |
| <input type="radio"/> | <input type="radio"/> | Do you have an infectious disease? | _____ |
| <input type="radio"/> | <input type="radio"/> | Do you have a blood disease? | _____ |
| <input type="radio"/> | <input type="radio"/> | Sugar disease? | _____ |
| <input type="radio"/> | <input type="radio"/> | Asthma, Heuschnupfen oder andere Allergien? | _____ |
| <input type="radio"/> | <input type="radio"/> | Magen- oder Duodenulkus? | _____ |
| <input type="radio"/> | <input type="radio"/> | -schweres Rheuma? | _____ |
| <input type="radio"/> | <input type="radio"/> | -Virus- Hepatitis? | _____ |
| <input type="radio"/> | <input type="radio"/> | -eine andere ernsthafte Erkrankung? | _____ |
| <input type="radio"/> | <input type="radio"/> | Are you pregnant? | _____ |
| <input type="radio"/> | <input type="radio"/> | Are you HIV-positiv (AIDS)? | _____ |

Datum:

Unterschrift:
