

ANAMNESIS • Aesthetic-Plastic-Surgery

Dear patient,
welcome to the Vitalitas aesthetics! Please support us so that we can provide you with the best possible treatment and medical care. Please answer the following questions about your person and about your health conscientious.

Thank you very much!

.....
NAME / FIRST NAME

.....
DATE OF BIRTH

.....
STREET

.....
CITY

.....
PHONE | CELL PHONE

.....
OCCUPATION

.....
PHONE ON BUISNESS

.....
E-MAIL

.....
HEALTH INSURANCE

.....
SELF INSURED? YES NO

.....
INSURED WITH HUSBAND WIFE FATHER MOTHER

.....
NAME / FIRST NAME

.....
DATE OF BIRTH

How did you hear about us?

QUESTIONS ABOUT YOUR PERSONAL CARE ON THE DAY OF SURGERY

YES : NO

- Will you be accompanied or drove home by someone?
- Do you need more than 1 hour for the trip home?
- Do your have sufficient home-care in the first 24 hours after surgery?

YES : NO

- Is your regular doctor under normal circumstances available within 30 Minutes?
- Do you need accommodation arranged by our clinic?

QUESTIONS ABOUT YOUR HEALTH STATUS

Do you suffer on the following symptoms?

YES : NO

- Cardiovascular**
Arrhythmias, heart disease, angina pectoris, myocardial infarction, Dizzy spells, shortness of breath when climbing stairs, Water retention in the legs
- Respiratory / lung**
Chronic bronchitis, asthma, pneumonia, Tuberculosis
- Vessels**
Varicose veins, thrombosis, blood flow
- Liver**
Jaundice, gallstones, liver cirrhosis, hepatitis
- Kidneys**
Kidney stones, kidney inflammation, impaired Function, requiring dialysis
- Gastro-intestinal tract**
Narrowing, ulcers, chronic inflammation
- Nerves / emotional**
Seizure disorders (epilepsy), paralysis, depression
- Blood**
Anemia, blood clotting disorders (frequent Nose bleeds, easy bruising, prolonged bleeding
- Is there currently a cold?
- Is there currently a pregnancy? If so, in which month?
.....
- Are you HIV positive?

OTHER QUESTIONS

YES : NO

- Do you smoke? If so, how much?
- Do you drink alcohol? What and in what quantities?
.....
- Do you take sleeping pills and tranquilizers?
Which and how much?
- Do you take drugs? Which and how much?

YES : NO

- Have you ever had problems with local anesthetics?
If so, which?
- Have you recently taken place in medical treatment?
If so, why?
- Did you found a hepatitis infection?
If so, which ?
- You are at a tendency to high blood pressure?
- You are at a diabetes? If so, since when?
.....
- What serious illnesses have been in the past dealt with you?
- What operations were carried out with you already?
.....
- Were there problems? If so, which?
.....

YES : NO

- Do you take medications that blood clotting inhibit? E.g. Warfarin; Marcumar, or medications that Contain aspirin? If so, which?
- What medications do you take regularly?
.....
- Other special features?

CURRENT THERAPY

diet pills Insulin other

DO YOU TEND TO ALLERGIES?

Hay fever drugs Iodine Patch Latex other

SPECIALISTS

In case we have medical questions, please provide us with the address of your doctors

Gynecologist

For breast augmentation / breast reduction / tummy tuck

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NAME

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STREET

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CITY

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PHONE | CELL PHONE

Ophthalmologist

For facelift, forehead lift or eyelid surgery

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NAME

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STREET

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CITY

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PHONE | CELL PHONE

Dermatologist

therapy of wrinkles

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NAME

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STREET

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CITY

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PHONE | CELL PHONE

regular doctor

in thigh-tummy tuck, liposuction

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NAME

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STREET

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CITY

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PHONE | CELL PHONE

NOTABLE REMARKS:

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I agree to the current privacy and terms of use.

I would like regular information and recall service by the clinic.

by phone

by mail

I may revoke such permission at any time.



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DATE • SIGNATURE PATIENT (GUARDIAN)