

### Patients Data

Name:  
Address:  
Phone number:  
Height:  
Weight:  
General practitioner:

### Joint Practice

Dr. med. Gregor Paß  
Dr. med. Hermann Peters  
Specialists for urology,  
andrology  
medical tumor treatment and  
palliative care  
Südweststr. 1  
  
50126 Bergheim

Which current complaint leads you to my/our consultation hours?

Do you suffer from any of the following disease?

Diabetes mellitus	<input type="checkbox"/>	Angina pectoris	<input type="checkbox"/>
Hepatic disease	<input type="checkbox"/>	Other cardiac disease	<input type="checkbox"/>
Thyroid disease	<input type="checkbox"/>	Increased blood pressure	<input type="checkbox"/>
Kidney failure	<input type="checkbox"/>	Circulatory disorder	<input type="checkbox"/>
Increased blood fat values	<input type="checkbox"/>	Cancer	<input type="checkbox"/>
Increased uric acid values (Gout)	<input type="checkbox"/>		<input type="checkbox"/>

If you suffer from any other disease, please list them below:

Do you take medication regularly? If yes, which ones? (for ex. Marcumar, ASS or Metformin)

Do you suffer from any drug-, contrast medium-, or iodine allergies? If yes, from which ones do you suffer?  
Against which drugs do you have an allergy?

Have you had any surgeries in the past? If yes, which ones and when were they done?

For female patients: Are you pregnant and if yes, in which week of pregnancy are you?

Date:

Signature of the patient: