

Patientenetikette

Date of current Visit: _____

Phone: _____

Mail: _____

Complementary insurance: Yes No

Smoker: Yes (____ pack/years) No

Are you taking medication? If so, which ones: _____

Wichtig:
 Privat Ordination
 Wahlarzt

Allergy

- No
 Pollen/Grasses/Animal Hair
 Dust mites/cat/fungal spores
 Allergic rhinoconjunctivitis (+/- polyps)
 Allergic dermatitis
 Contrast medium
 Medications (eg, antibiotics,...)
 Urticaria
 Other: _____

Infectious diseases

- No
 Tuberculosis
 Hepatitis
 HIV/AIDS

Respiratory pulmonary disease

- Pneumonia
 Sarcoidosis
 Lung cancer
 Bronchial asthma
 COPD
 Alpha-1 Anti-Trypsin Deficiency
 ILD
 Other: _____

Other medical conditions

- No
 Autoimmune disease (e.g. rheumatism)
 Hypertension
 Arrhythmia
 Stroke
 Reflux
 Osteoporosis
 Thyroid
 Diabetes
 Other: _____

Complaints

- Shortness of breath/shortness of breath
 in Ruhe bei Belastung
 nocturnal breathing difficulties
 Cough, seit _____
 Heartburn
 Sputum
 Sinus problems
 Runny nose, sneezing, nasal congestion

- Hoarseness
 Night sweats
 Weight loss
 Fever
 Snore
 Daytime sleepiness
 Other: _____

Signature: _____