
Self-Assessment

Personal Details

Last name _____ First name _____

Address _____

Date of birth _____ Phone (Priv.) _____

E-Mail _____ Phone (Prof.) _____

Fax _____ Mobile phone _____

Marital status _____ Children _____

Profession _____ Employer _____

Health Insurance

Health insurance _____ Basis tariff Yes No

Subsidy Yes No

Student's tariff Yes No

General Details

Height _____ Weight _____

Do you smoke? Yes No If yes, how many? _____

Do you drink alcohol? Yes No If yes, how much? _____

State of vaccinations

Have you been vaccinated against

Tetanus	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	If yes, when?	_____
Diphtheria	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	If yes, when?	_____
Polio	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	If yes, when?	_____
Whooping cough	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	If yes, when?	_____
Pneumonia	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	If yes, when?	_____
FSME (Tick)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	If yes, when?	_____
Hepatitis A	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	If yes, when?	_____
Hepatitis B	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	If yes, when?	_____

Other than this _____

Allergies, chronic diseases, former surgeries

Do you suffer from any chronic diseases or allergies? Are you allergic to any medication?

Have you ever been operated on? Yes No If yes, what has been done at what time?

Medication

Do you take any medication on a regular basis? Yes No If yes, what do you take?

And finally...

Are we allowed to order your medical records from your former doctors?

Yes No If yes, who are we allowed to ask?

How did you find us? Who can we thank for your visit?

Thank you very much for your support!

Dr. Wirth and team