Medical history

Surname _____ First name _____ Date of birth _____ Date _____

Body height _____ cm Body weight _____ kg

		yes	no
	In the interest of a complication-free treatment, please answer the following questions as complete as possible		
1.	Have you recently received or are you currently receiving medical treatment?	☐	☐
2.	Do you take medication on a regular basis?	☐	☐
	· anticoagulant drugs (e.g. Marcumar)	☐	☐
	· bisphosphonates (e.g. Zometa, Aredia)	☐	☐
	· others (e.g. ASS; Prolia, XGEVA):_____	☐	☐
	Have you ever received therapy with bisphosphonates?	☐	☐
3.	Do you tend to experience allergic reactions (hypersensitivity)? If so, against which allergens?	☐	☐
	Do you have an allergy certificate card?	☐	☐
4.	Do you experience prolonged bleeding after injuries or tooth extraction?	☐	☐
	Do you experience spontaneous nosebleed often?	☐	☐
5.	To be answered by female patients: Are you pregnant?	☐ unknown	☐ ☐

6. Have you been diagnosed with any of the following diseases?

	yes	no		yes	no
· Heart disease (e.g. valve replacement, myocardial infarction, angina pectoris, endocarditis) Did you receive surgery: If so, when? _____	☐	☐	· Infectious diseases (e.g. tuberculosis, hepatitis, Aids/HIV)	☐	☐
· High blood pressure · Low blood pressure	☐ ☐	☐ ☐	· Neurological diseases (e.g. seizure disorders, multiple sclerosis)	☐	☐
· Anemia	☐	☐	· Glaucoma	☐	☐
· Stroke	☐	☐	· Rheumatism	☐	☐
· Respiratory/lung diseases (e.g. asthma)	☐	☐	· Thyroid gland diseases	☐	☐
· Kidney diseases (e.g. dialysis)	☐	☐	· Diabetes mellitus	☐	☐
· Liver diseases (e.g. jaundice)	☐	☐	· Organ transplants	☐	☐
· Gastrointestinal diseases	☐	☐	· other surgical interventions (e.g. joint replacement, tumor removal)	☐	☐
· Osteoporosis	☐	☐	· malignant tumor	☐	☐

7.	Are you suffering from a disease not listed above? If so, please state:	☐	☐
8.	Do you have a pacemaker?	☐	☐
	Do you have a heart condition card or a need for prophylaxis against infective endocarditis?	☐	☐
9.	Are you smoking? If so, how many? _____ ☐ cigars or cigarettes/day ☐ packs of cigarettes/day	☐	☐
10.	Are you consuming alcohol regularly? If so, how much?	☐	☐

Signature _____