Praxis für Viszeral-Chirurgie PD Dr. med. D. Bimmler

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EBSQ Endokrine Chirurgie
Fellow of the European Board of Surgery (FEBS)

Questionnaire for patients

Reason for consultation

_____

Name _____ First name _____ Date of birth _____ Phone _____

Street, Number _____ ZIP Code _____ Location _____ E-mail _____

Health insurance _____

Insurance status
☐ Whole Switzerland ☐ Canton of residence ☐ Flex ☐ Semi private ☐ Private

Family doctor model
☐ Yes ☐ No

Family doctor _____ Other attending physician _____

I am already a patient
☐ Yes ☐ No

I would like report copies to the following physicians:

_____

Have you ever had surgery before? ☐ Yes ☐ No

Surgery	Clinic	Year	Physician

Main complaints

_____

Do you have other diseases?

_____

High blood pressure	☐ Yes	☐ No	
Diabetes	☐ Yes	☐ No	
Heart diseases	☐ Yes	☐ No	If so, which? _____
Pulmonary diseases	☐ Yes	☐ No	If so, which? _____
Kidney diseases	☐ Yes	☐ No	If so, which? _____
Medication	☐ Yes	☐ No	If so, which? _____
Blood Thinner	☐ Yes	☐ No	If so, which? _____
Allergies	☐ Yes	☐ No	If so, which? _____
Nicotine	☐ Yes	☐ No	

Remarks/Request further reports (e.g. medical reports) (If yes, where?)

_____

Date

_____

Signature

_____

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