

# Patient history (for the doctor's appointment)

Date: \_\_\_\_\_

|                                     |                                  |                                |
|-------------------------------------|----------------------------------|--------------------------------|
| Last name:                          | First names:                     | Personal ID:                   |
| Email:                              | Mobile number:                   | Phone number (home/office):    |
| Postal address:                     | Postal code:                     | Postal office:                 |
| Profession / Guardian's profession: | Close relative / Contact person: | Contact person's phone number: |

## DISEASES AND/OR SYMPTOMS (list also incomplete information)

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## SIGNIFICANT OPERATIONS, MEDICAL EXAMINATIONS AND TREATMENTS

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## DRUG ALLERGIES

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## OTHER ALLERGIES

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## CURRENTLY USED MEDICATION

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## CURRENTLY USED SUPPLEMENTS (list also incomplete information)

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