Barbara Trülzsch, MD, D. Phil.
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Dr.Trülzsch
diabetologie
allgemeinmedizin

Dear Patient,

Welcome in our medical practice. Please provide some information about you and any medical conditions you may have by filling out the questionnaire. Please complete both sides.

Last Name:..... First Name:..... Date of Birth:.....

Profession:..... Weight:..... Height:.....

Address:.....

Telephone:..... E-mail:.....

Person to be contacted in case of an emergency: .....

Phone number of the contact person:.....

My current medical problem is the following:.....

Please indicate if you are suffering from any of the following:

▪ HEART ATTACK ▪ STROKE ▪ HIGH BLOOD PRESSURE ▪ GASTROINTESTINAL DISEASE

▪ CANCER (if yes which).....

▪ ALLERGIES (if yes which).....

▪ OTHER DISEASES (if yes which).....

Vaccination status? ▪ UP TO DATE ▪ CONSULTATION NEEDED

Smoker? (If yes, how many cigarettes per day?).....

Alcohol consumption? (how much per day).....

Inpatient hospital treatment within the last two years? (please indicate when, where and why).....

.....

My current medication:.....

.....

Date:..... **Signature:**.....

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Sossenheimer Weg 65
65929 Frankfurt (Sossenheim)
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Video consultation booking:
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Please provide the following information concerning your pregnancy:

Name and address of my general practitioner, GP (Hausarzt):.....

.....

Name and address of my gynecologist:.....

.....

Weight: **before** pregnancy:..... at the moment:..... Height:.....

Week of pregnancy:..... Expected date of birth:.....

Have you had a test for diabetes during pregnancy?

- YES (please indicate the result)..... - NO

Number of previous pregnancies:..... Miscarriages?.....

Have you previously suffered from diabetes during pregnancy?

- YES (have you been treated with insulin?)..... - NO

Date:..... **Signature:**.....

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