



DR. (HR) TATJANA REIHS
PRÄNATALMEDIZIN DEGUM II

Martinsplatz 2a
Kaiserpassage
53113 Bonn
Tel 0228 280 93 00
Fax 0228 280 90 20
info@praenatal-bonn.com
www.praenatal-bonn.com

PATIENT INFORMATION

Surname: _____ Name: _____

Address: _____

Date of birth: _____ Telephone: _____

Mobile: _____

MEDICAL HISTORY

Menarche: _____ 1st day of last period: _____

Duration of cycle: _____ Duration of bleeding: _____

Operations: _____

Pregnancies: NO YES
If yes, when/how many?

Births: NO YES Spontaneous Caesarean section

Miscarriages: NO YES

MEDICAL CONDITIONS

Asthma Diabetes Thyroid High blood pressure

Other _____

Allergies NO YES

If yes, which: _____

Nicotine NO YES

If yes, how much: _____

Alcohol NO YES

If yes, how much _____

FAMILY MEDICAL HISTORY

Cancer NO YES

Thrombosis NO YES

Pulmonary embolism NO YES

High blood pressure NO YES

Stroke NO YES

Diabetes NO YES

Rheumatism NO YES

Date: _____ Patient signature: _____