



Dr K. Taghavi, Specialist in Gynaecology and Obstetrics,
Luise - Rainer - Str. 6-10, 40235 Düsseldorf, Germany, tel.: + 49 (0)211- 4477 3400

Medical history questionnaire

Dear patient,
Please take a few minutes to fill in this questionnaire. It will help us to improve our processes so that you do not experience long waiting times when being treated in our practice.

Surname, first name: _____

Date of birth: _____

Telephone/mobile number: _____

Referring doctor: _____

GP/family doctor: _____

Height: _____ cm

Weight: _____ kg

Fluid intake: _____/day

Normal births
(number): _____

Caesareans: _____

Miscarriages: _____

Profession: _____

Employer: _____

Gynaecological operations: _____

Other operations: _____

Continued on page 2 →

Hereditary conditions: _____

General conditions: _____

Gynaecological conditions: _____

Medication: _____

Date of last period: _____

Do you smoke?: _____

Allergies: _____

How did you
hear about us? _____

Please briefly describe the symptoms you would like us to investigate:

Thank you very much for your time!

The practice team