

Date: _____ Name of health care centre: _____
Initials: _____ Surname: _____ m / f
Date of birth: _____

Marital status (cross out what does not apply):

living alone / married / living together / family / divorced / widow / widower

Were you in contact with the nurse practitioner at your previous general practitioner? _____ yes / no

If yes, what was the reason?

General questions (cross out what does not apply):

- Do you smoke? _____ yes / no / quit
- Do you drink alcohol? _____ yes / no
If yes, how many units per day, week, month? _____ units per _____
- Do you have a donor card? _____ yes / no
- Do you have a euthanasia certificate? _____ yes / no

Do you have:

- high blood pressure _____ yes / no
- a cardiovascular disease _____ yes / no
if yes, which one?
- diabetes mellitus (diabetes) _____ yes / no
- asthma and or COPD _____ yes / no
- other serious illnesses not mentioned above? _____ yes / no
if yes, which one?
- an allergy/hypersensitivity _____ yes / no
if yes, to what?
- are you allergic to certain medicines? _____ yes / no
if yes, for which ones?

Do your parents / brothers / sisters under the
age of 60 suffer from cardiovascular disease? _____ yes / no
if yes, which one?

If you would like an introductory meeting with your new general practitioner, then please make an appointment with the doctor's assistant immediately.

If there is anything else that you would like or need your doctor to know about, please explain this below:
