



Hello, this is your first time with us and it would be helpful for us to know something about you.
Please take some time to answer our questions. Thank you.

Surname: _____ First name: _____
Email: _____ Date of birth: _____
Phone: _____ Cellphone: _____

Case history:

How old are you? _____ years
How tall are you? _____ m What's your weight? _____ kg
What is your profession? _____

Do you have allergies? _____
Which kind of allergies? _____
Have you ever been seriously ill? _____
What was your illness? (for example: high blood pressure or a heart attack)

Have you already had a thrombosis or pulmonary embolism? _____
Do you take medication? _____ Which kind of medication? _____

Do you use a method of birth control? _____ Which kind? _____

Have you ever had surgery before? _____
What was the surgery and when? _____

Do you smoke? _____ How many cigarettes a day? _____
Is there cancer history in your family? _____
Who had cancer? _____
What kind of cancer? _____
Do you have thrombosis diseases in your family? _____

Who is your doctor? _____

Case history of gynaecology:

When was your last period? _____
How often do you have your period bleeding? every _____ days
How long does it last? _____ days

Do you have children of your own? _____ Year of birth? _____
Did you have miscarriages? _____ In which year? _____

When was the last screening examination? _____
When was the last mammogram? _____
When was the last coloscopy? _____

Thank you for your cooperation!