



PATIENT DATA:

Name, First Name	
Address	
Date of birth	Health insurance

CARDIOLOGY ANAMNESIS SHEET

Phone number: _____ Body height: _____ cm Body weight: _____ kg

So as not to forget an important point in the subsequent investigation, we ask you for your help and for the answers to the following questions:

Please describe your complaints:

History:

Past cardiac catheterizations?	no <input type="radio"/>	yes <input type="radio"/>	At CCB <input type="radio"/>	Somewhere else: _____	
Did you experience a heart attack earlier?	no <input type="radio"/>	yes <input type="radio"/>	When and where? _____		
Past heart operation/coronary stent procedure?	no <input type="radio"/>	yes <input type="radio"/>	Which and when? _____		
Stroke/Thrombosis/Embolism?	no <input type="radio"/>	yes <input type="radio"/>			
Pacemaker?	no <input type="radio"/>	yes <input type="radio"/>			
Heart failure?	no <input type="radio"/>	yes <input type="radio"/>			
Allergy against contrast agent?	no <input type="radio"/>	yes <input type="radio"/>			
Hyperthyroidism?	no <input type="radio"/>	yes <input type="radio"/>			
Other Operations?	no <input type="radio"/>	yes <input type="radio"/>			
Pregnancy (at present)?	no <input type="radio"/>	yes <input type="radio"/>			
Infectious diseases	no <input type="radio"/>	yes <input type="radio"/>	HIV	no <input type="radio"/>	yes <input type="radio"/>

Risk factors:

Smoking (history)?	no <input type="radio"/>	yes <input type="radio"/>	Since when & how many? _____
High blood pressure?	no <input type="radio"/>	yes <input type="radio"/>	Since about _____ years
Increased cholesterol values (Hyperlipidemia)?	no <input type="radio"/>	yes <input type="radio"/>	Not known <input type="radio"/>
Increased blood sugar/diabetes?	no <input type="radio"/>	yes <input type="radio"/>	Not known <input type="radio"/>
Heart diseases in family members?	no <input type="radio"/>	yes <input type="radio"/>	_____

Medication plan:

Do you take **medication regularly**? If yes, which one? _____

Insurance data:

Stationary supplementary insurance: _____ yes

no

For 1-Bed-Room 2-Bed-Room Medical service

Referring doctor (family doctor):

Name: _____

In our centre we also carry out scientific studies with different durations and different follow-up checks.

May we talk to you about this topic? yes

no

Date: _____

Patient signature: _____

Patient data:

VOLUNTARY CONSENT TO DATA PROCESSING

Dear Patient, Dear Patient,
as we take the subject of data protection very seriously in our practice, we would like to ask you to inform us of your wishes regarding the handling of your personal data. Should you have any questions, please do not hesitate to contact our staff. (First and last name - **please fill in in block capitals**):

I hereby agree that the following data processing operations may be carried out with my data. I can revoke this consent at any time in parts and completely, informally and free of charge.

Permitted Not permitted

- | | | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | My relatives (spouse/life partner, children, acquaintances, etc.) may be informed about my current illness if I am unable to provide them with information myself. Please provide appropriate names: |
| <input type="radio"/> | <input type="radio"/> | My patient data may be stored beyond the legal retention period. After the legal retention period has expired, I may request deletion at any time. |
| <input type="radio"/> | <input type="radio"/> | My patient data may be forwarded to the person providing further treatment (e.g. specialist, general practitioner) be forwarded. |
| <input type="radio"/> | <input type="radio"/> | In case of inpatient admission to Bethanien Hospital or St. Mark's Hospital, I agree with the Data transfer to the corresponding hospital. |
| <input type="radio"/> | <input type="radio"/> | The CCB participates in medical studies. My data and possible residual samples from me may be used in the laboratory for scientific purposes. |

Place, data: _____

Signature: _____