

Welcome to Praxiszentrum Arcus

In order to get a comprehensive picture, we kindly ask you to answer a few questions in advance. We will be happy to discuss these in more detail in a personal meeting. Please also do not hesitate to ask us directly about the topics that are important to you. If you do not wish to answer a question, simply leave it unanswered. All information is subject to medical confidentiality.

Thank you. Your Arcus-Team.

Our questions:

Date of last menstrual bleeding:

Date of last preventive medical check-up:

Date of last mammography / breast ultrasound (if done):

How long is the interval between 2 periods?days or very irregular

How long does a period usually last? days or very irregular

Do you bleed a lot? Yes No

Is your period very painful? Yes No

Do you have repeatedly pain during sexual intercourse? Yes No

Do you have repeatedly pain when urinating? Yes No

Do you suffer from bladder infections more than 3 times a year? Yes No

Do you leak urine involuntarily? Yes No

Do you have to go to the toilet very quickly when you need to urinate? Yes No

How often do you have to go to the toilet during the day?per day

And how often do you go to the toilet at night?per night

Do you feel pressure or a foreign body
or do you feel a bulge in the vagina? Yes No

Do you have pain or bleeding during bowel movements? Yes No

Is defecation difficult / only possible with pressing? Yes No

Do you suffer from heavy sweating, hot flashes,
sleep disturbances or persistently bad mood? Yes No

Do you use hormones for menopausal symptoms? Yes No

If yes, which ones and since when:

Do you regularly take any other medications? Yes No

If yes: which ones:

How are you currently using contraception?

- not at all
 Cycle computer
 Vaginal ring since:
 Patch since:
 Three-month injection last at
 IUD with hormone / without hormone (insertion when:.....)
 sterilization (ligation) with you or with partner
- Condom
 Calendar/Temperature Method
 Pill
 Implanon.....

Do you have any known allergies?

- none
 medication
 hay fever
 latex
 other:.....

Do you smoke?

- No Yes, how much per day?.....

Do you drink alcohol regularly?

- No Yes, how much per day?.....

Do you take drugs?

- No Yes, which kind?.....

Are you planning to get pregnant soon,
or are you already trying to get pregnant?

- No Yes: (since) when?.....

Are you pregnant or could you be pregnant?

- No Yes

Your questions to us: I would like to discuss the following topics:

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- Contraception
 desire to have children
 Problems with periods / bleeding disorders
 HPV vaccination
 Menopausal symptoms
 bladder or prolapse problems
 Other:

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- Thank you, I have no need to discuss at this time.

If you are visiting us for the first time or after a longer period of time, we additionally ask you to answer the questions below. Even, if you have been in out-of-town medical care (e.g., hospital, emergency) since your last visit, please provide brief information.

Have you had any children? No Yes:
 Year: Weight: normal birth cesarean section suction cup/forceps
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Were there any problems during the births or pregnancies? No Yes,
 namely:

Have you ever had one or more:
 Ectopic pregnancy(s): when?: Miscarriage(s): when?
 Termination of pregnancy: when?: Stillbirth(s): when?

Have you had one or more of the following surgeries:
 No
 Cervical curettage: when? Uterus removal: when?.....
 Ovarian surgery: when? Breast surgery: when?.....
 Gallbladder: when? Appendix surgery: when?.....
 Other: which and when?

Do you have a history of, or have you ever had, any of the following conditions?

No
 Thyroid dysfunction Diabetes High blood pressure
 Thrombosis (blood clot) Pulmonary embolism Varices (varicose veins)
 Migraine Other, namely:

Do the following conditions run in your family?

Stroke: who..... Heart attacks: who.....
 Thrombosis: who: Pulmonary embolism: who.....
 Diabetes: who: Breast cancer: who.....
 Abdominal cancer: who:
 Other cancers: who and what:
 Congenital malformations: who and what:
 Chromosomal disorders (e.g., Down syndrome): who and what:

Who is your primary care physician?

What is your profession?

How did you find out about our Praxiszentrum?