

# Information for patients

Please fill the following information for your consultation.

Your name;

Your age;

Gender; Male / Female

Occupation;

1. Purpose of the consultation

What are suffering from? How long have you had the symptoms?

2. History

For your sickness, have you visited any hospital before?

Yes Name of the Hospital and

Department;

No

3. Past medical history

Have you suffered from any other disease before? Yes / No

If yes, please indicate the name of the disease and when you had.

4. Medication

Have you ever felt sick after taking any medication? Yes / No

If you have, please indicate the names of the medication.

Have you ever received blood transfusion before? Yes / No

5. Marital status

Are you married? Yes / No

How many children do you have? (    )

6. Family

Has anyone in your family being sick or died?

If deceased, please write a name of the causative disease.

Father;

Mother;

Brother;

Sister;

Child;

7. Physical and Lifestyle

Height;

Weight;

Drinking;                    / day

Smoking;                    pieces / day

Appetite; Good / Poor

Stool;                        times / day

8. Is there anything special when consulting your doctor?