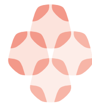

PRAXIS FÜR DERMATOLOGIE UND LASERMEDIZIN
DR. CHRISTIANE RAVENS
FACHÄRZTIN FÜR DERMATOLOGIE UND VENEROLOGIE
DIPLOM FÜR ÄSTHETISCHE LASERMEDIZIN (D.A.L.M.) UNI HGW

MEDICAL QUESTIONNAIRE

For medical history and treatment options we need your cooperation.
Please fill in the form for us. Thank you!

SURNAME

NAME

DATE OF BIRTH

ADDRESS

PHONE

E-MAIL

I am interested in the following:

- ☐ Screening for skin cancer/moles
- ☐ Laser therapy (e.g. ageing spots, hair removal, facial redness)
- ☐ Cosmetic procedures (e.g. fillers, facials (Hydrafacial MD) or peels)
- ☐ Would you like to have a reminder/recall ?

GENERAL PRACTICIONER

PROFESSION

DO YOU HAVE ALLERGIES?

DO YOU HAVE CHRONIC DISEASES? (e.g. heart problems, asthma, infectious diseases)

ARE YOU ON ANY MEDICATION? DO YOU TAKE ANY TABLETS?

DO YOU SMOKE? ☐ YES ☐ NO

ARE YOU PREGNANT? ☐ YES ☐ NO

Date Signature Thank you very much!