

Medical History Form Praxis Dr. Mungie

*Dear Patient,
Welcome to my practice!*

To ensure that I have all the important information that I need to treat you in my practice, I request you to complete this form before your first appointment. Please fill out all fields accurately. All information that you share is confidential.

Patient

Name: _____

Date of birth: _____

Address: _____

Email ID: _____

Phone: _____

Mobile: _____

Occupation: _____

Marital Status: _____

Children: Yes, _____ No

Health Insurance: public private

GP/Family Doctor: _____

Medical History

Which medication do you take currently? Please complete the list with the dosage schedule!

Medication	Dose	Morning	Noon	Evening

Which pre-existing illnesses are part of your medical history?

Do you have a legal guardian in Germany? If yes, for which areas?

(Please provide us with a copy of the legal guardianship.)

Are you currently in therapy? If yes, please mention the name of your psychotherapist.

Were you treated in a hospital or a day-clinic because of a psychiatric disorder? If yes, please fill out this table.

Time Period	Hospital Name

What are your main complaints currently?

Are you allergic to any medication? Do you have any other allergies?

Are you pregnant or breastfeeding? _____

How did you discover our practice? _____

Note: Please inform us immediately about any change in your health insurance.

Thank You for your cooperation!

Date

Signature