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Applicationform

(these Informations are voluntary and saved for your own purpose)

Name, Surname: _____ date of birth: _____
tel./mobile-Nr.: _____ tel. private: _____
Post-code, city: _____
Street, house-Nr.: _____
E-Mail: _____
Job: _____
Weight: _____ kg Height: _____ cm

Health History

Do you smoke? No Yes, daily _____
Are you aware of any allergies? No Yes, which? _____

Family history:

Are you aware of any diseases in your family?
Breastcancer? No Yes Who? _____
Ovarycancer? No Yes Who? _____
Hereditary diseases? No Yes Which? _____

Thrombosis or Embolism? No Yes Osteoporosis (bones descaling) No Yes
Are you vaccinated against rubella? No Yes Did you have rubella? No Yes
Are you vaccinated against HPV? No Yes

At which organs where/are you diseased?

Heart No Yes **Lungs** No Yes **Locomotorsystem** No Yes
Stomach/Guts No Yes **Liver/Kidney** No Yes **Psychic Disease** No Yes

Which medications do you take? _____
Gynaecological Operations: _____
Other Operations: _____
How often have you been pregnant? _____
How many pregnancies? _____ Miscarriages? _____ C-sections? _____
How do you prevent conception? IUD/pill/... _____
Beginning of the last menstrual period? _____
First menstrual period in your life? _____
Last menstrual period in your life? _____
When was your last gynecological check-up and where? _____
Did you have mammography? No Yes When? _____ Where? _____
How did you take notice of our practice? _____
Do you want a regular recall for your check-up? No Yes

Please turn over ->

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Patient consent according to EU-DSGVO

We need your personal data (surname, first name, date of birth, address, insured person's data) in order to be able to carry out the examinations you require, to be able to create doctor's letters and to be able to bill for the services provided. In this context, your data may be forwarded to other offices. This can be e.g. the KV for billing or the external laboratory for relevant blood tests, which we cannot carry out ourselves. This also includes human genetic examinations as part of prenatal diagnostics, if you wish. It can also be the pathological and cytological laboratory for examining tissue samples and cell smears. If you give your consent to recall (recurring preventive examinations), this data storage also falls under the GDPR. If one of these data transfers is not based on a legal basis, we will of course provide you with a corresponding declaration of consent in advance so that you can confirm your consent in writing. This declaration of consent naturally contains a reference to your right of withdrawal. You have the right to request access to your data at any time. Please speak to us briefly so that we can make an appointment. Should you notice during this inspection of the files that we made a mistake while collecting your data, we will of course correct this immediately. Please note that we cannot delete data on request, as we are obliged, in accordance with the legal requirements, e.g. from the sample professional regulations for doctors, to archive your data for 10 years before it can be destroyed. Before this mandatory retention period expires, you can only request a restriction on data processing, which, however, only applies from the date of the request. If you have any further questions, please do not hesitate to contact us. We will provide you with the contact details on request. Upon request, we will be happy to provide you with a copy of this patient consent. You can revoke this patient's consent at any time.

The address of the supervisory authority responsible for us is: State Authority for Data Protection and Freedom of Information NRW, Kavalleriestr. 2-4, 40213 Düsseldorf

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Date and signature