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Applicationform

Name, surname: _____ date of birth: _____

Tel. mobile: _____ tel. private: _____

e-mail: _____

street: _____

post-code, city: _____

weight: _____ kg, height: _____ cm

health history

Do you smoke? no yes How much? _____

When was your last gynecological check-up and where? _____

How was the test result of PAP: _____

How was the test result of HPV: _____

Are you vaccinated against HPV? no yes

What medications do you take at present? _____

Have you ever had a gynecological surgery? _____

Have you ever had a surgery? _____

Have you ever had a colposcopy? _____

How often have you been pregnant so far? _____

How many bith's? _____, how many abortion? _____, how many caesarean sections? _____

Your contraception: Pill no yes, IUD no yes, other contraceptive methods: _____

Beginning of the last menstrual periode: _____

First menstrual periode in your life: _____

Last menstrual periode in your life: _____

I agree that existing documents that are required for the assessment of my diseases may be requested.
no yes

please turn over

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Zytologielabor, Dysplasiesprechstunde

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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