



We welcome you to our practice and ask you to fill out this questionnaire to the best of your knowledge. Please mark with a cross where applicable. **Please hand in any documents you may have brought with you for preliminary examinations at the registration desk. These are returned to you after the examination.** You can discuss any open questions with the assistants or the doctor before the examination.

Name, first name	Date of birth
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Address
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E-mail	Phone
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Health insurance	KVB I-III <input type="checkbox"/>	KVB IV <input type="checkbox"/>	Post B <input type="checkbox"/>	Beihilfe <input type="checkbox"/>
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Primary care physician
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Could you be **pregnant** or do you breastfeed at the time?  Yes  No  
If you are UNSURE please tell the front office employees.

Have you ever had a mammography?  Yes  No

At which place?	At which time?
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Have you had any problems during the examination?  Yes  No

Body size in cm	Bodyweight in kg
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Which doctor other than the referring doctor shall receive the report?  
Dr.

Are we allowed to order and view any previous diagnostic reports/images/  
laboratory values from other doctors?  Yes  No

Are we allowed to send medical report/images to your treating doctors  
at their request?  Yes  No

Please also answer the further questions on the backside of this page. ➔

The consent is given for an indefinite period and can be cancelled by you in written form at any time.

**Declaration of consent:** I have no further questions and herewith give my consent to the planned examination after sufficient time of reflection.

Place, Date, Time	Signature of the Patient <sup>1</sup> , legal representative <sup>2</sup>
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Signature of the doctor	Data accepted:
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Do you like to receive a copy of this document?  Yes  No

Copy Received: Signature of the patient

<sup>1</sup> In addition, underage persons or assisted adults should sign if they are informed about the procedure.

<sup>2</sup> In principle both parents should sign. If only one parent has signed, the person who has signed assures that he or she is acting in agreement with the other parent or that he or she has the exclusive custody of the child.



Information and Consent  
Mammography, if necessary also Sonography

Do you know if you have any infectious diseases? (HIV, Hepatitis, MRSA, TBC)  Yes  No

Have you had a breast ultrasound examination performed within the last 4 weeks?  Yes  No

Do you currently have any complaints in your breast?  Right  Left  No

If so, how do they show?

Is there currently or have been tumour illness known in your case?  Yes  No

If so, which ones?

Have there been any tumour illnesses in your family history?  Yes  No

If so, in which relation and at what age?

Have you had any breast surgery?  Yes  No

If so, which side?  Right  Left When?

When did you have your last period?

Do you take in any hormone supplement?  Yes  No

If so, which ones? Since when?

If relevant: have you had any problems during breastfeeding? (ex. Mastitis)  Yes  No

Does a secretion comes out of the Mammilla?  Yes  No

If so, which side?  Right  Left What colour?  whitish  yellowish  reddish

Have you had any gynaecological surgery?  Yes  No

If so, which ones?

What time? Where?

Signature declaration of the consent at the front side →

**Please keep the questionnaire until your examination begins.**

Please take care of your wardrobe, as the clinic cannot assume any responsibility for it.