Augenarzt an der Alten Oper
Oliver Stuhrmann
Facharzt für Augenheilkunde

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Tel: 069 – 8005 2323
info@augenarzt-alteoper.de
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Anamnesis

Last name, first name:_____

Date of birth:_____

Street, postal code, place:_____

Phone:_____

E-Mail:_____

Name of your general practitioner:_____

Name of your ophthalmologist:_____

1. Do you have any complaints? ☐ no ☐ yes

if **yes**, describe your complaints:_____

_____

if **no**, reason for your visit:_____

2. Do you wear contact lenses? ☐ no ☐ yes

3. Do you wear glasses? ☐ no ☐ yes, age of glasses__

4. Do you use any eye drops/medication for eyes? ☐ no ☐ yes

if **yes**, which ones:_____

5. Did you have any surgery on your eyes? ☐ no ☐ yes

if **yes**, when and which surgery?_____

6. Have you already been treated with injections (IVOM)? ☐ no ☐ yes

if **yes**, because of: ☐ macula ☐ diabetes other:_____

7. Did you ever have an injury on your eyes? ☐ no ☐ yes

if **yes**, which and when:_____

Please turn →

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Anamnesis

1. Do you have any allergies?

☐ hey fever ☐ asthma ☐ iodine allergy ☐ lotion or contact allergy

Other:_____

2. Do you suffer from diabetes? ☐ no ☐ yes, type I ☐ yes, type II

3. Do you suffer from high blood pressure? ☐ no ☐ yes

4. Did you have a heart attack? ☐ no ☐ yes

5. Did you have a stroke? ☐ no ☐ yes

6. Do you suffer from thyroid dysfunction? ☐ no ☐ yes

7. Do you take blood thinning medication? ☐ no ☐ yes

8. Do you take prostate medication? ☐ no ☐ yes

9. Are there any known eye disease in your family? ☐ no ☐ yes

if yes, which ones:_____

10. Do you take any other important medication? ☐ no ☐ yes

if yes, which one:_____

_____

11. How did you find us? _____

12. Individual health and precautionary examinations:

☐ Please inform me

☐ I do NOT want any precautionary examinations

Thank you for your cooperation!

GDPR: I consent to the collection, electronic storage and processing of my personal data in compliance with the relevant provisions of national data protection laws and the General Data Protection Regulation (GDPR). The patient information on the General Data Protection Regulation (GDPR) was given to me.

Date: _____ Signature patient: _____