Gemeinschaftspraxis Urologie Dresden
Dipl.-Med. Dirk Lange Dr. med. Stefan Tietze Tel.: 0351/ 314 22 84

Your appointment:

Please fill in before your appointment and hand it over at the rezeption!

Patient: _____ _____ _____
surname firstname date of birth

phone: _____ family doctor: _____ your profession: _____

We ask you for the following information:

What kind of troubles do you have: _____

_____

Since when: _____

▼ Important previous illnesses/ operations

Infectious diseases ? (hepatitis, tuberculosis or other) _____

_____

Inner diseases ? (diabetes, cardiovascular diseases, diseases of thyroid, of gastrointestinal tract, gout, glaucom, cancer or other)

_____

_____

Previous operations: _____

When: _____

Allergies/ Allergic to medication? _____

Du you take any anticoagulant medication? ☐ yes ☐ no
(ASS 100/ Falithrom/ Xarelto/ Eliquis/ Clopidogrel/ Godamed or similar?)

Other medication: _____

Current blood pressure? _____/_____

Date: _____ your signature: _____