Dr. med. Wieland Demandewicz • Gynecologist
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name, first name: _____ phone-nr: _____

profession: _____ first day of your last menses: _____

how many days are between two menses:_____

is the bleeding: strong ☐ normal ☐ weak ☐ painful ☐ irregular ☐ bleeding in between ☐

the menses lasts _____days menopause since: _____

how old were you, when you had your first menses (appr.) ? _____ years

pregnancies: year	normal delivery:	yes	no	cesarian section	forceps	vacuum
1.)_____		☐	☐	☐	☐	☐
2.)_____		☐	☐	☐	☐	☐
3.)_____		☐	☐	☐	☐	☐

problems during the pregnancies (z.B. premature contractions, infections, small-for-date baby. etc.)_____

miscarriage: ☐ abortion: ☐ extrauterin pregnancy: ☐

gynekologic illnesses:

_____

_____

other illnesses:

_____

_____

operations:

_____

_____

allergies: _____

do you ever have a thrombosis (blood clot) _____

do you take any medicine, if yes which? _____

do you smoke, if yes, how many cigarettes a day? _____

do you drink alcohol regulary? _____

contraceptive: pill: ☐ which: _____ coil: ☐ condoms/diaphragma: ☐ tempreture: ☐ nothing: ☐

is there a case of breast cancer in your family, if yes, who? _____

have you ever had a mammography, if yes, when was the last (appr) ? _____

other problems / reason of you visit: _____