

## Anamnesebogen gastropraxis

1. Do you take medication? Yes ☐ / No ☐  
If so, what kind? \_\_\_\_\_
2. Do you take blood-thinning medications? Yes ☐ / No ☐
3. Do you suffer from high eye pressure (Glaukoma)? Yes ☐ / No ☐
4. Do you have any known diseases? (special lung or heart) Yes ☐ / No ☐  
If so, which ones? \_\_\_\_\_
5. Have you ever had a surgery on the gastrointestinal tract? Yes ☐ / No ☐  
If so, what was operated on? \_\_\_\_\_
6. Have you ever had an surgery on the abdomen (gynecological, appendectomie, gall bladder, abdomen hernia, etc.)? Yes ☐ / No ☐  
If so, what was operated on? \_\_\_\_\_
7. Do you have artificial hip joint? If so, which side? \_\_\_\_\_ Yes ☐ / No ☐
8. Are you allergic to soya, peanuts or egg white? Yes ☐ / No ☐
9. Have you ever had a gastros- or colonoscopy? Yes ☐ / No ☐
10. Has been known stomach or colon cancer in your family? Yes ☐ / No ☐  
If so, who is affected? \_\_\_\_\_
11. Please enter height in \_\_\_\_\_ centimeters and your weight in \_\_\_\_\_ kilogram.
12. How do you get home after the examination? \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_