



Dr. Oliver Schubert-Olesen
 Facharzt für Innere Medizin
 Diabetologe (LÄK), Rettungsmedizin,
 Verkehrsmedizinische Begutachtung

Dr. Sabine Schubert
 Fachärztin für Allgemeinmedizin & Chirurgie
 Diabetologe (LÄK), Rettungsmedizin

Dr. Anja Waschke (angest.)
 Fachärztin für Allgemeinmedizin

Medical History Gestational diabetes

Dear new Patient,

please fill out this form about your medical history to give us the information we need to help with your health issues the best way.

Personal Data

First name Last name

Date of birth:

phone fax

mobile email

gynecologist family doctor

personal medical history

number of previous pregnancies (Gravidität):

did you previously hav a gestational diabetes yes no

number of births (Para):

birthweight of your children of previous pregnancies

have you had any komplikations during previus pregnancies: yes no

if yes, what kind?

current week of pregnancy: SSW

estimated due date:/...../.....

A 75g OGTT (oral glucose tolerance test) has been accomplished? yes no

if yes, when:/...../.....

what values were taken: fasting glucosemg/dl / mmol/mol

1-hour valuemg/dl / mmol/mol

2-hour valuemg/dl / mmol/mol

HbA1c-value.mmol/molmg/dl

are any further diseases known or do you take further drugs

high bloodpressure

high cholesterol

Polycystic Ovarian syndrome (PCO)

other

when was your last eye-examination?

result: normal findings retinopathy

What is your medication plan ?

drug including dosage	morning	noon	evening

do you already do you check your glucoselevel ? yes no

If yes, which glucometer are you ?

.....

how often do you check your glucoselevel? /day /week

family medical history

familymembers with diabetes mellitus (also what Type):

.....
.....
.....

social history

marital status living alone living with partner / spous
 living with children retired

occupation

hobbies

exercise (what kind)

general medical hostory

yes no
 do you smoke ? if yes, how many: cigarettes 7 day

 do you drink alcohol? if yes, how much: glasses / week

have you participated in a diabetes training?

yes no
 if yes, where and when?

How did you hear about us:

- General practitioner Insurance Paper
- Pharmacist Phonebook Internet
- Friends

May we inform you about news ? **(Via Letter / Email)**

yes no

I hereby give permission to store my data in the patient file. This data is used exclusively for the documentation of the treatment and for communication with other health professionals involved in the immediate treatment. The data is stored within the framework of the times specified by law.

I agree that a portrait photo of me can be stored in my medical file. This photo is used solely to reduce the risk of medical records being mixed up.

I also agree to the transmission of the necessary data to the responsible laboratory so that an evaluation of blood results can be carried out there with appropriate security.

yes no

Dear patients!

Unfortunately, it often happens that patients do not keep the appointment.

We try to take our time for you and make appointments accordingly. If appointments are not kept, we lose this time for other patients. We ask that you cancel appointments at least 24 hours in advance if you are unable to keep them.

Otherwise, we ask for your understanding that we have to charge a fee of € 20.00 for the failure.

We thank you for your understanding. Please hand in the questionnaire at reception. If you have any questions, we will be happy to help you.

{datum},
date, signature