



Complex Checkup

Health state questionnaire

General information:

Insurance company:

Personal identification number:

Name, degree:

Address:

Phone number (work):

Mobile phone number:

E-mail:

Profession / current employer:

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Last general checkup (date, where):

Name and address of your previous General practitioner:

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Family anamneses:

Does any of your relatives (parents, grandparents, siblings, children) suffer from one of these states and illnesses?

- Tuberculosis
- Diabetes
- Oncological history
- Hypertension (high blood pressure)
- Blood-vessel disease (heart attack, cerebrovascular accident)
- Asthma
- Záněty žil
- Thyroid gland diseases
- Hereditary syndroms/diseases



Personal anamneses:

Have you ever suffered from one of these states and illnesses?

Underline if YES.

- Rheumatic fever
- Chronic lower limb ischemia
- Varicose veins
- Chronic hearth failure
- Others:

Infectious disease:

- Tuberculosis
- Syphilis
- Gonorrhoea
- Viral hepatitis
- Salmonella
- Mononucleosis
- Diphtheria
- Rubeola
- Pertussis
- Scarletina
- Others:

Respiratory diseases:

- Bronchial asthma
- Chronic bronchitis
- Chronic obstructive pulmonary disease
- Repeated pharyngitis and tonsillitis
- Others:

Orthopedical:

- Scoliosis
- Repeated back pain and dorsal block
- Fault dorsal movement
- Others:

Neurological conditions and disorders:

- Cerebrovascular disease
- Disturbance of skin sensation
- Locomotor disorders
- Balance disorders
- Epilepsy
- Migraine
- Others:

Cardiovascular diseases:

- Myocardial infarction
- Atherosclerosis
- Arrhythmias
- Congenital heart defects
- Myocardial inflammatory disease

Mental disorders:

- Depression, blues
- Mania
- Psychosis
- Alcohol abuse
- Others:



Gastrointestinal diseases:

- Gastroesophageal reflux disease
- Gastric and duodenal ulcer disease
- Inflammatory bowel disease
- Intestinal motility disorders
- Others:

Liver and gallbladder diseases:

- Gallbladder inflammation
- Gallbladder colic
- Gallstones
- Hepatocirrhosis
- Others:

Pancreas diseases:

- Acute and chonic pancreatitis
- Others:

Kidney diseases:

- Repeted pyelonephritis
- Kidney colic
- Renal insufficiency
- Solitary kidney
- Others:

Urinary system diseases:

- Repeated urinary tract infections
- Bladder stones
- Others:

Skin dosorders:

- Atopic dermatitis (eczema)
- Psoriasis
- Fungal and bacterial skin infections
- Others:

Eye diseases:

- Vision disorders (astigmatism, myopia, hypermetropia)
- Cataract
- Glaucoma
- Others:

Ear diseases:

- Hearing loss
- Chronic middle ear infection
- Tinnitus
- Others:

Endocrinology:

- Thyroid gland disorders
- Dislipidemias
- Gout
- Others:

Sexually transmitted diseases:



Gynecological anamnesis (only for women):

Gravidity:

Parity:

Abortion:

Do you use any contraception? If yes, please write which and for how long?

Last gynecological preventive checkup.

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Allergic reaction:

Drug allergies:

Write down your allergic symptoms (pollinosis, conjunctivitis, eczema or rash, allergic asthma, etc.):

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- Plaster
- Iodine
- Hay, grass, pollen
- Tick, dust, animal's hair
- Food allergies
- Others:

Other informations:

Have you ever been hospitalised? If yes, write down when and why.

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Have you ever underwent a surgery? If yes, write down when and why.

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Do you or have you ever been smoking tobacco?

If yes, write down how long and how many.

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Do you drink alcohol? If yes, please write down a week amount?

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Do you have a driving licence? If yes, please write down group.

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Do you take any drugs? If yes, please write down name and dosage.

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When was your last vaccination against tetanus?

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Do you have any other vaccinations?

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Are you interested in being vaccinated against - seasonal flu, pneumococcus, hepatitis A+B, viral ecephalitis, etc.

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Anything important you would like to share with us:

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V Praze dne:.....

Signature:.....