

Anamnesis

Augenarztpraxis: Priv- Doz. Dr. med. habil. Carlo Lackerbauer
& Colleagues

Name:	Tel.no:
Family doctor:	Email:
Address:	
How did you here about us?	

1. Do you wear eye glasses?	☐ yes	☐ no	Since when:	
2. Do you wear contact lenses?	☐ yes	☐ no	Since when:	
3. Have you ever had an eye-operation?	☐ yes	☐ no		
When?	What kind of OP?			
Which eye?	☐ both	☐ yes	☐ no	
4. Have you ever have a laser treatment?	☐ yes	☐ no		
When?	Which eye?	☐ both	☐ right	☐ left
5. Have you injured one of your eyes?	☐ yes	☐ no		
When?	Which eye?	☐ both	☐ right	☐ left
6. Have you had a Strabismus as a child?	☐ yes	☐ no		
If so, has it been operated?	☐ yes	☐ no		
7. Has one eye been worse than the other, although wearing glasses or contact lenses not better?	☐ yes	☐ no		
If so, which eye?	☐ right	☐ left		
8. Do you have any severe eye diseases?	☐ yes	☐ no		
If so, which one? For example Glaucoma, Macula degeneration?				
9. Do you know any severe eye diseases in your family?	☐ yes	☐ no		
If so, which one? For example Glaucoma, Macula degeneration?				

Anamnesis

Do you suffer of:

10. Heart diseases?	O yes	O no
11. High blood pressure?	O yes	O no
12. Thrombosis?	O yes	O no
13. Lung diseases? Which one? Have you had a pulmonary embolism?	O yes O yes	O no O no
14. Diabetes Mellitus? Hba1c?	O yes	O no
15. Have you any diseases of your kidneys, bladder or ureter? Do you have any problems with the prostata?	O yes O yes	O no O no
16. Are you pregnant?	O yes	O no
17. Thyroid diseases? Which one?	O yes	O no
18. Rheuma? Arthrosis?	O yes	O no
19. Neurological or psychiatric diseases, stroke? Depressions? Dementia?	O yes	O no
20. Tumor diseases? Which one?	O yes	O no
21. Infection diseases? Hepatitis, HIV, TBC or others?	O yes	O no
22. Allergies just concerning latex, plaster, iodine? Allergies just concerning medications?	O yes O yes	O no O no
23. Do you take blood thinners regulary (Marcumar, Ass100)?	O yes	O no
24. Do you take any hormones?	O yes	O no

25. Please list all medication which you take regulary, contraceptives, homeopathic or natural remedies:

The privacy policy according to Article 9 paragraph 2 lit. h) DSGVO in conjunction with section 22 (1) no. 1 lit. b) Federal Data Protection Act is in practice and will be handed out on request. About this I agree that in certain cases the Augen-Kompetenz-München request my treatment data and findings for the purpose of the leading documentation and further treatment at the family doctor / further treating colleague or hospital and forward requested findings or reports to my general doctor or doctors for other specialities. Furthermore, I consent to being contacted by email and informed about my appointment. I am aware that this communication channel is not encrypted and could potentially be viewed by unauthorized third parties.

Date:

Sign: