



Prof. Dr. med. R. Ehehalt

Endoskopie ▪ Innere Medizin ▪ Gastroenterologie

GASTROSCOPY QUESTIONNAIRE

Dear patient,

to help us prepare your treatment as effectively as possible, we kindly ask you to answer the following questions (as good as you can). Thank you very much!

surname, first name

date of birth

phone number

mobile phone

family doctor (name, address)

What kind of issues are you experiencing?

- heartburn
- swallowing difficulties
- nausea
- vomiting
- pressure or pain in the upper abdomen
- feeling of fullness

Further gastrointestinal issues?

Do you have any known gastrointestinal conditions or are you taking any gastrointestinal medications?

- no
- yes, which ones _____

Are your symptoms related to your diet (e.g., dairy products)?

- yes
- no

Are your symptoms related to stress?

- yes
- no

Are there any known family history of cancer?

- no
- yes, which ones _____

Privacy Policy:

- I agree that my personal data may be shared with my general practitioner and/or other doctors for the purpose of assessing my health situation. The involved persons are bound by the confidentiality of the Federal Data Protection Act (§5).

weight (kg)

height (cm)

Do you wish a sedation (Propofol)?

- yes
- no

Do you have any allergies to soy (which is important for Propofol anesthesia) or other medications?

- no
- yes, which ones? _____

Do you take blood-thinning medication? (Markumar, Aspirin, ASS, Iscover, Plavix, Xeloda...)

- no
- yes, which ones? _____

Do you have contagious diseases (hepatitis C, HIV)?

- no
- yes, which ones? _____

Do you have any other medical conditions?

- high blood pressure
- heart disease/ pacemaker
- Diabetes mellitus
- Asthma or lung disease

Are you pregnant?

- yes
- no

Date _____

Signature Patient _____

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