Liver centre in Munich · Prof. Dr. Maria Christina Jung & Dr. Gottfried Fischer
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Liver centre in Munich

Patient History Form

First name:

Surname:

Street, house number:

Post code, town or city:

Date of birth:

Tel. (daytime):

Mobile:

E-mail:

General practitioner:

Medical insurance:

Height:

Weight:

Are you currently taking medications? ◯ Yes ◯ No

Which medications cause you to have an allergic or hypersensitive reaction?

Do you have other allergies? ◯ Yes ◯ No

If so, which?

Previous surgical interventions:

Known illnesses:

Nikotine consumption per day:

Alcohol consumption per day:

Place, date, signature