

Patient sticker

F2011: Medical questionnaire

Do you use any medication?

Please bring a **MEDICATION OVERVIEW** from your pharmacy.

This overview should not be older than 2 weeks.

We ask you kindly to arrive **15 MINUTES** in advance

We will ask you to answer this questionnaire ON EITHER SIDE and bring it with you to your appointment.

- Do you have a medical condition or illness? Yes / No
If yes which one? _____

- Do you use medication or blood thinners? Yes / No
If yes which one? _____

- Are you allergic to medication, antibiotics or latex? Yes / No
If yes which one? _____
- Do you smoke? If so, how much? _____ Yes / No
- Did you ever undergo surgery? Yes / No
If so what? _____
- Do you have a contagious disease such as Hepatitis B / HIV / otherwise? Yes / No
If yes which one? _____
- Do you have a bleeding disorder? Yes / No
If yes which one? _____
- Have you been diagnosed with facial pain / neuropathic pain by a doctor? Yes / No
If yes, which one? _____
- Have you ever been treated with radiotherapy? Yes / No
- Are you pregnant? Yes / No
- Are you breastfeeding? Yes / No

BRMO/MRSA

BRMO stands for Resistant Micro-organisms. All bacteria that no longer respond to the most commonly used antibiotics are called BRMO. The most known BRMO is the MRSA, better known as the hospital bacterium. MRSA poses a serious risk for people with a reduced resistance. People can carry this bacterium without being ill but infect others.

- Do you, your close family or partner have BRMO or the MRSA-bacterium? Yes / No
- Do you work or live on a farm where large-scale live cattle are kept? Yes / No
- Have you been treated in a Dutch hospital for the past 2 months? Yes / No
- Have you been living in an asylum center for the past 2 months? Yes/ No
- Have you been treated in a foreign hospital during the past year? Yes / No

I hereby declare that I have completed both sides of this medical questionnaire truthfully.

Signature:

Date:

I Hereby give permission to the Hague Clinics to provide my medical data to my general practitioner by email or post.

Signature:

Date:

For any questions or contact:

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