HEIDELBERG UNIVERSITY HOSPITAL

Medical History Questionnaire

Please read the following questions carefully and answer them correctly.

Personal data **of the patient**:

Last Name* | First Name*

Date of birth*

Gender (m, f, diverse) Please select

Address Details

Country of residence* | City and postal code*

Phone number*

Email address*

Contact details of supporting person filling in this qestionnaire:

(if patient is not filling in the questionnaire himself / herself)

Last Name* | First Name*

Relationship to patient*

I am the

- ☐ daughter / son
- ☐ mother / father
- ☐ friend
- ☐ other (please specify):

Phone number*

Email address*

* mandatory

Medical Information

Please select your main diagnosis:

- ☐ Multiple myeloma
- ☐ Lymphoma
- ☐ Sarcoma
- ☐ CUP Syndrome
- ☐ Acute Lymphocytic Leukemia (ALL)
- ☐ Acute Myeloid Leukemia (AML) /Myelodysplastic Syndrome (MDS)
- ☐ Myeloproliferative Syndrome (MPS)
- ☐ Monoclonal Gammopathy of Unknown Significance (MM/ MGUS)
- ☐ Chronic Myelogenous Leukemia (CML)
- ☐ Other, Specify:

  ……..

Which diagnostic tests were performed during the last 3-6 months?

- ☐ MRT
- ☐ CT/PET-CT
- ☐ Sonography
- ☐ X-ray
- ☐ Angiography
- ☐ Heart catheter
- ☐ Endoscopy (Gastroscopy, Colonoscopy, Bronchoscopy, etc.)
- ☐ Bone marrow aspirate
- ☐ Bone marrow biopsy
- ☐ Lymph node biopsy
- ☐ Other, please specify other diagnostic tests:

  ……..

Which laboratory tests were performed during the last 3-6 months?

- ☐ Routine Tests (e.g. blood count)
- ☐ Genetic Tests (Cytogenetic/ FISH)
- ☐ Molecular biological Tests (sequencing for genetic mutations)
- ☐ Special Tests, please specify:

  ……..

Was a Histology test taken?

- ☐ Yes

  Tissue sample was taken on (DD/MM/YYYY): ……

- ☐ No

Which treatments have been performed?

- ☐ None
- ☐ Operation/ Intervention (e.g. heart catheter)
- ☐ Drug Therapy (e.g. Chemotherapy, other medication)

  Please list ongoing treatments with the date the treatment was started

  ……..

- ☐ Irradiation

  Please list ongoing treatments with the date the treatment was started

  ……..

- ☐ Other (please specify)

  ……..

Please indicate any further relevant diagnosis:

Do you have any infections at present?

- ☐ Yes

  Which pathogenic agent: ……

- ☐ No

Do you have any open wounds at present?

- ☐ Yes

  Please specify location: ……..

- ☐ No

Please describe your current mobility status:

Would you like to share any additional information that can be useful for assessing your case (e.g. contact data of treating physician):

Selection of service

Which service would you like to receive?

- ☐ Second opinion in a written report (provided in German or English)
- ☐ Second opinion in a Video consultation (including written report)

The video consultation will be held in German or English. Will you need an interpreter?

- ☐ No
- ☐ Yes
  - ☐ Russian
  - ☐ Arabic
  - ☐ Spanish
  - ☐ Chinese
  - ☐ Other (please specify):

What are your expectations from obtaining a second medical opinion from Heidelberg University Clinic?

How did you learn about Heidelberg University Hospital?

- ☐ Internet
- ☐ Business partners
- ☐ Employer
- ☐ Heidelberg University Hospital staff member
- ☐ Press releases
- ☐ Health insurance
- ☐ Treating physician /hospital
- ☐ Family members / friends
- ☐ Embassy/ Governmental institution
- ☐ Other, please specify:

  ……