



Prof. Dr. med. Hüser · Prof. Dr. med. Kauer

Admission Form

Surname	_____	First name	_____	
Street / Address	_____	Telephone	_____	
ZIP code / City	_____	Mobile	_____	
Date of birth	_____	E-mail	_____	
Insurance	_____	<input type="radio"/> private	<input type="radio"/> standard	<input type="radio"/> basic
Family doctor	_____	<input type="radio"/> statutory		
		Referring physician	_____	

Current complaints

- None Pre-/aftercare check-up
- Complaints since 1-7 days 2-4 weeks 2-6 months
- Anal pain** occasionally permanent after defecation
- Blood discharge** on the toilet paper in the stool dripping
- Oozing in the anal area**
- Itching in the anal area**
- Lump/prolaps at the anus** after pressing goes away spontaneously
 can be pushed back remains permanently
- Defecation disorder** frequency ____ times / day or ____ times / week
 constipation
 diarrhoea
 incomplete emptying
- Incontinence** for gas liquid stool solid stool
- Abdominal pain** **Abdominal cramps** **Flatulence**
- Stomach pain** **Heartburn** **Dysphagia**

