

**Dear Patient,**

Welcome to Dr. Anna M Wagner's Gynaecological practice. Our aim is to provide the best possible medical care in an environment that we strive to make as comfortable and friendly as possible.

It is helpful to us if you can complete the following questionnaire.

If you are not sure about your answer, please leave a question mark.

Please be assured that all information that you provide us with is subject to very strict confidentiality rules.

Surname \_\_\_\_\_ First Name \_\_\_\_\_  
Email – Address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
I agree to receive prescription/forms by email : ☐ Yes ☐ No

Family doctor: \_\_\_\_\_

Your Height: \_\_\_\_\_ Your Weight: \_\_\_\_\_

Age you had your first period: \_\_\_\_\_

Last Menses (1<sup>st</sup> Day): \_\_\_\_\_

Do you use any Contraception? ☐ Yes ☐ No  
If yes, what type? ☐ Pill ☐ Condom ☐ Intrauterine Device (IUD) ☐ Vaginal Ring  
Name of the product you use: \_\_\_\_\_

Do you smoke? ☐ Yes ☐ No ☐ Stopped smoking  
If "Yes", how many cigarettes per day? \_\_\_\_\_  
& when did you start smoking? \_\_\_\_\_

Are you regularly physically active? ☐ Yes ☐ No  
If yes, how many hours per week? \_\_\_\_\_

Have you had any Gynaecological surgeries? ☐ Yes ☐ No  
If Yes, Please Specify what surgeries & in what year: \_\_\_\_\_

Do you have Allergies? ☐ Yes ☐ No  
If Yes, What kind? \_\_\_\_\_

Are you pregnant? ☐ Yes ☐ No ☐ Possibly  
What was the first day of your last period? \_\_\_\_\_

Number of previous births? \_\_\_\_\_ By Caesarean \_\_\_\_\_ By Ventouse  
Any Complications? \_\_\_\_\_

Years your children were born? \_\_\_\_\_

No. Of Miscarriages \_\_\_\_\_

No. Of Abortions \_\_\_\_\_

No. Of Ectopic pregnancies \_\_\_\_\_ ☐ le. ☐ ri.

- Are you vaccinated against HPV Infection (Papilloma Virus, Gardasil)? ☐ Yes ☐ No
- Do you have trouble with urine loss? Incontinence? ☐ Yes ☐ No
- Do you have problems with sexual relationships? ☐ Yes ☐ No
- Do have problem with a dry vagina? ☐ Yes ☐ No
- Do you have problem achieving orgasm? ☐ Yes ☐ No

Do you have or have previously suffered from any of the following diseases / infections?  
Tick all which apply.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Bleeding Disorder                                    | <input type="checkbox"/> Thrombosis           | <input type="checkbox"/> Stroke          |
| <input type="checkbox"/> Cardiac (Heart) Problems                             | <input type="checkbox"/> Varicose Veins       | <input type="checkbox"/> Migraine        |
| <input type="checkbox"/> High Blood Pressure                                  | <input type="checkbox"/> Liver Problems       | <input type="checkbox"/> Epilepsy        |
| <input type="checkbox"/> Osteoporosis   | <input type="checkbox"/> Diabetes Mellitus    | <input type="checkbox"/> Osteoarthritis  |
| <input type="checkbox"/> Hormonal Imbalances                                  | <input type="checkbox"/> Kidney Disease       | <input type="checkbox"/> Hepatitis / HIV |
| <input type="checkbox"/> Urinary Incontinence                                 | <input type="checkbox"/> Psychiatric Problems | <input type="checkbox"/> Asthma / COPD   |
| <input type="checkbox"/> Haematologic Problems such as Bleeding or Anaemia    |   |  |
| <input type="checkbox"/> Thyroid Problems or Glandular Problems               |   |  |
| <input type="checkbox"/> Cancer or Pre-Cancerous Conditions: _____            |   |  |
| <input type="checkbox"/> Any others: _____                                    |   |  |
| <input type="checkbox"/> (Family) History of Cancer, If yes which type: _____ |   |  |

Are you currently on medication? ☐ Yes ☐ No

Please list all current medications and dosage:

\_\_\_\_\_

\_\_\_\_\_

When was your last gynaecological examination? \_\_\_\_\_

Name of the doctor / clinic: \_\_\_\_\_

How did you hear about us? / Recommended by:

- |  |                                  |                                    |                                      |
|--|----------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Doctor        | <input type="checkbox"/> Family  | <input type="checkbox"/> Friend    | <input type="checkbox"/> Phone Book  |
| <input type="checkbox"/> Google Search | <input type="checkbox"/> Website | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Office Sign |

Other \_\_\_\_\_

**Please Note :** For any intimate or personal examination, patients are always welcome to request a chaperone to be present during the consultation. Please inform the Praxis team **in advance of your appointment**, so that appropriate arrangements can be made.

Date & Patient signature: \_\_\_\_\_

## Are you interested in further information?

Please tick any that apply.

### Intimate Procedures

- ☐ **Tightening of the Vagina**  
Can help improve issues such as sexual dysfunction, urinary incontinence, and vaginal dryness
- ☐ **Orgasm Shot (O-Shot)**  
Helps many women overcome sexual dysfunction and enjoy sex again.  
It is can also help to decrease or resolve urinary incontinence in some patients.
- ☐ **ThermiVa Radiotherapy for Vagina**  
Helps improve the overall tone of the vagina. It reduces uncomfortable dryness & improves laxity of the vulva including Urinary symptoms.
- ☐ **Laser Therapy - Vagina**  
Can help to thicken the fragile vaginal lining and increase lubrication, with improvement in vaginal dryness, pain, and urinary symptoms.
- ☐ **Labiaplasty Surgery**  
Helps address the size, shape or symmetry of your labia skin by resizing or reshaping the inner labia.
- ☐ **Vaginoplasty Surgery**  
A surgical procedure to construct or repair a vagina. It treats various medical issues, including vaginal injury due to childbirth and pelvic floor disease complications.
- ☐ **Micro fat Transfer - Labia majora**  
Helps rejuvenate the outer labia.
- ☐ **Hyaluronic Acid - Labia majora and Vagina**  
Can provide efficient relief from the symptoms of vaginal dryness in post-menopausal women
- ☐ **Anal & Or Intimate Bleaching**  
Helps treat discolouration or uneven tone of your intimate regions.

### Beauty Procedures

- ☐ **Vampire Facelift (PRP)**  
Helps to reduce wrinkles and creases. PRP can improve your skin's overall glow.
- ☐ **Microneedling for Face**  
Helps to improve the appearance and texture of your skin. It can also help to minimize acne scars and wrinkles.
- ☐ **Laser Resurfacing for Face**  
Helps treat acne scarring, fine lines, wrinkles, sunspots.
- ☐ **Stretch Mark Treatment**  
Reduces the appearance of your stretch marks by stimulating collagen growth within your skin
- ☐ **Botox Injections for face**  
Cosmetically used, Botox can reduce the appearance of facial wrinkles & if used early enough, stop them from forming.  
Medically, Injections may also help with excessive sweating (hyperhidrosis), an overactive bladder and grinding of the teeth (Bruxismus).  
Botox injections may also help prevent chronic migraines.
- ☐ **Laser Hair Removal**  
Can provide 10-year hair free results in only a handful of sessions. Suitable for all skin types and colour.

# PRACTICE COPY

## Cancellation Policy: Please Read & Sign Below



### Obstetrics & Gynaecology

To cancel or change your appointment, please do so as soon as possible & no later than 24 hours from your appointment time. Midwife services require 48 hours' notice.

***If you need to cancel or change after the 24 or 48-hour period we regrettably must charge an administration fee of 100 CHF.***



### Beauty Treatments Incl. Laser Hair Removal

Beauty Treatments must be cancelled or changed no later than 48 hours from your appointment time.

***If you need to cancel or change after the 48-hour period we regrettably must charge half of the booked treatment cost.***



### Operative & Aesthetic Gynaecology

For operations and surgical interventions, cancellations or changes must be made no less than one week before treatment. One week until two days before treatment a 50% administration fee will be charged.

***If a cancellation or change occurs within the 48 hours or the operation appointment is missed, the entire cost of treatment will be charged.***

***You can cancel directly on the Doctena platform – if this is how you booked your appointment.***

***You can call during opening hours on : 061 666 62 10***

***Or simply email us on [website@basel-gynaekologie.ch](mailto:website@basel-gynaekologie.ch) Make sure to put Cancellation in the subject line.***

***Please be aware, unless you receive a confirmation by SMS or Email, your appointment is still booked.***

### Cancellations due to Illness

We understand that illnesses can occur unexpectedly. However, to ensure fairness and to guarantee the continued operation of the practice, cancellation fees also apply to cancellations due to illness – regardless of whether a doctor's certificate is provided.

***Please inform us as soon as possible in the event of illness.*** Early notification allows us to offer the appointment to other patients and may result in only the short-notice cancellation fee being charged rather than the fee for a missed appointment.

In the case of contagious illnesses, we ask that you wear a mask during your visit if a consultation is recommended. In the case of norovirus, we ask that you do **NOT** attend your appointment, as wearing a mask alone is not sufficient to prevent transmission – however, the cancellation fees will still apply.

***There are no fee waivers for missed appointments or short-notice cancellations due to illness.***

☐ I have read & agree to the cancellation policy.

Date : \_\_\_\_\_

Patient Name : \_\_\_\_\_

Patient signature : \_\_\_\_\_

## Elective Treatments Payment Information

Most general medical services are covered by insurance, however specialist beauty and elective operative treatments may not be.

You will be advised before undertaking any of these services if they will be an out of pocket expense.

In the instance that treatments are not covered by insurance payment will be taken in advance or on the day of treatment by card or cash.

No deferred payments are possible in these instances.

All major credit & bank cards are accepted.

# PATIENT COPY



GYNÄKOLOGIE & GEBURTSHILFE  
GYNÄESTHETIK & BEAUTY

## Cancellation Policy: Please Keep For Future Reference



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