

# ÖTZI AS A PATIENT

Often you have to fill out a form before visiting a doctor to record your medical history.

## MEDICAL HISTORY FORM

---

Please complete the form for Ötzi

### Data

Name: \_\_\_\_\_ ÖTZI \_\_\_\_\_ Age: \_\_\_\_\_

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

Blood group: \_\_\_\_\_

### Bones / teeth:

Bone fractures: \_\_\_\_\_

\_\_\_\_\_

Joint problems: \_\_\_\_\_

\_\_\_\_\_

Dental problems: \_\_\_\_\_

\_\_\_\_\_

### Internal organs:

Digestive problems: \_\_\_\_\_

\_\_\_\_\_

Intolerances / allergies: \_\_\_\_\_

\_\_\_\_\_

### Other symptoms:

Recent injuries? \_\_\_\_\_

Do you have any tattoos? \_\_\_\_\_

Do you smoke? \_\_\_\_\_

Infectious diseases? \_\_\_\_\_

Are you currently taking any medication? \_\_\_\_\_