

UNIVERSITY OF PÉCS Medical School Department of Primary Health Care

INTERVIEW

Summer Practice in Medical Communication Skill

IMPORTANT: Please fill in the form fully and upload it in Neptun within the specified uploading period! Without uploading the full documentation of the completion your practice will not be accepted.

A.	Personal data of the	e student								
Surname:			First name:							
E-mail address	S:	Neptun code:								
Mailing addres	ss:	Phone number:								
	•									
В.	Practice details									
Name of the family doctor:										
Place of the praxis:										
Date of the practice:										
C.	Interview									
Patient's data:										
Monogram:		Age: Occupation:								
Present compla	Present complaints:									
Medical history:										
Actual therapy:										
Family history										
		/_								
7		16710								



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Quality of life/Ris	sks:							
Body weigth (kg):				Body height (cm):				
Marital status:								
Consumption:								
Alcohol:				Smoking:				
Caffeine:				Drog abuse:				
Physical activities/sports:				Alimentation habits:				
Allergy:								
Living circumsta	nces:							
Village:	Town:		Big city:		Private	e house:	Block of flats:	
Heating:	ting: Water supply:				Number of family member			
Summary:								
Student's signature:				Family doctor's signature / Stamp:				
Date:) /				_		