

**Form for preparing a video consultation with**

**Prof. Dr. Markus Hess**

**Dr. Susanne Fleischer**

**Name** \_\_\_\_\_

**Phone** \_\_\_\_\_

**E-Mail-Adress** \_\_\_\_\_

**Date of birth** \_\_\_\_\_

**Street / No.** \_\_\_\_\_

**Zip code /City/Country** \_\_\_\_\_

**Reason for the consultation:**

(You can check more than one reason)

Second opinion

Advice

Globus-symptoms

R-CPD

Coughing/compulsive throat clearing

others, what

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**Please indicate the symptoms you currently have**

**1. Larynx & Voice**

No symptoms    Hoarseness    Change in voice    Vocal fatigue

Pain when speaking    Sore throat    Feeling of having a lump in the throat

Other symptoms

**2. General Constitution**

No symptoms    Fatigue    Weight loss    Fever

Headache    Other symptoms

**3. Airways**

No symptoms    Constant Cough    Wheezing    Shortness of breath

Other symptoms

**Did you have a laryngoscopy in the last 2 years?**    Yes    No

**Please indicate which health problems you have**

- Allergies       High blood pressure       Asthma       Diabetes       Heart problems  
 Cancer       Anxiety Disorders       Depression       others, what

**Social anamnesis:**

**Do you smoke?**       Yes     No

**Have you ever smoked?**       Yes     No

**Do you use vapor cigarettes)?**       Yes     No

**Do you smoke other types of tobacco?**       Yes     No

**Do you smoke marijuana?**       Yes     No

**Do you drink alcohol?**       Yes     No

**Are you currently taking medication?**       Yes     No

**If yes – which ones?** \_\_\_\_\_

**Do you have a drug allergy?**       Ja     Nein

**Are you currently on a diet?**       Ja     Nein

**When do you usually eat dinner?**

- 5 p.m.       6 p.m.       7 p.m.       8 p.m.       9 p.m.       later

**How long have you been dealing with the complaint that is the main reason for the video consultation??**

\_\_\_\_\_

**Since you have that complaint, how much has it affected your quality of life??**

- Not at all       A little       Moderately       Strongly       Very strong



**Are you already a patient in the MEDICAL VOICE CENTER?**

Yes  No

**How long would you like to book the video meeting for?**

15 Minutes

30 Minutes

45 Minutes

### **General Terms and Conditions**

MEDICAL VOICE Center GmbH offers information and educational advice for people with voice disorders, respiratory problems, and diseases of the larynx. Prof Dr. Markus Hess and Dr. Susanne Fleischer have extensive experience in treating patients with all voice disorders, Globus syndrome, chronic cough, and R-CPD. This consultation does not establish a doctor-patient relationship with Prof. Dr Markus Hess and/or Dr Susanne Fleischer. The analyses and recommendations should not replace any diagnostic or therapeutic measures or treatments recommended or prescribed by your doctor(s).

Furthermore, no medical summaries (doctor's report or expert opinion) will be produced on these video consultations. Before you make an appointment, you must agree to these "General Terms and Conditions".

I agree to the general terms and conditions:

Date

Signature of patient

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### **Cancellation policy**

If you cancel within 48 hours before the consultation, you will not receive a refund of the amount already paid.

I agree to the cancellation conditions:

Date

Signature of patient

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