



## Your Application Form

Please complete the entire application and return it to the front desk!

### About You...

surname, first name

referring doctor

street, no.

name of health insurance

postcode, residence

I have a private insurance

date of birth

For minors, the data of a legal representative is required:

phone

surname, first name

e-mail

date of birth

current occupation

address (if different)

- please tick as appropriate -

### Your Health...

#### cardiovascular diseases

- high blood pressure
- low blood pressure
- heart disease
- pacemaker
- heart valve

#### other

- diabetes
- disease of the thyroid gland
- epilepsy/ cramps/ seizures
- pregnancy
- allergies to:

#### infectious diseases

- HIV
- hepatitis: A / B / C

further information / drug intolerance:

### Your Medication...

My current medication is as following (please name them):

blood thinner: \_\_\_\_\_ → last INR-/ quick-value: \_\_\_\_\_

bisphosphonates (in case of bone diseases): \_\_\_\_\_

additional medication: \_\_\_\_\_

### Thank You...

We refer to the European Data Protection Regulations (EU DSGVO). An overview is available at the front desk.

I agree to the storage of my personal data. I will inform you immediately about changes during the treatment period.

For private patients: I pay for the costs by myself.

\_\_\_\_\_

place, date

\_\_\_\_\_

signature (for minors, signature of the legal representative)