

We kindly ask you to complete this patient questionnaire and to bring it along to your first appointment at our practice.

Patient Information

First Name
Last Name
Date of Birth

Address

Street
Postcode, City
Phone # (private)

Health Insurance Information: Insured Member

(Insured member means, who is the main insurant. E.g. children are insured on the membership of their parents. In this case, the mother/father would be the insurance member)

First Name
Last Name
Date of Birth
Insurance Company
Kind of Insurance

public / legal private other:

Patient's relationship to insured:

Self Spouse Child Other:

Employment Information*

Profession*
Employer*
Employers Address*
(Street, Postcode, City)

To ensure a treatment without medical complications we kindly ask you to answer the following questions:

Are you suffering from an acute or chronic circulation disease (e.g. heart disease)?

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Infectious diseases? (hepatitis, HIV+, tuberculosis etc.)

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.....

Internal diseases? (diabetes, etc.)

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.....

Do you have any health problems that need further clarification?

Yes No

If yes, please explain:

.....

