

We welcome you to our practice and ask you to fill out this questionnaire to the best of your knowledge. Please mark with a cross where applicable. Please hand in any documents you may have brought with you for preliminary examinations at the registration desk. These are returned to you after the examination. You can discuss any open questions with the assistants or the doctor before the examination.

Name, first name		Date of birth				
Address						
E-mail			Phone			
Health insurance		KVB I-III	KVB IV	Post E	3 B	eihilfe
Primary care physician						
Has the same examination been performed before?  Yes No						No
t which place? At which time?						
Could you be <b>pregnant</b> or do you breastfeed at the time?  If you are UNSURE please tell the front office employees.  Yes  No						
Body size in cm	Bodyweig	<b>ht</b> in kg				
Is there currently or have been tumour illness known in your case?					Yes	No
If so, which ones?						
Do you know if you have any infectious diseases? (HIV, Hepatitis, MRSA, TBC)						
Which doctor other than the referring doctor shall receive the report?						
Dr.						
Are we allowed to order and view any previous diagnostic reports/images/ laboratory values from other doctors?  Yes No.						No
Are we allowed to send medical report/images to your treating doctors at their request?			tors		Yes	No
The consent is given for an indefinite period and can be cancelled by you in written form at any time.						
<b>Declaration of consent:</b> I have no further questions and herewith give my consent to the planned examination after sufficient time of reflection.						
Place, Date, Time Signature of the Patient <sup>1</sup> , legal representative <sup>2</sup>						e <sup>2</sup>
Signature of the doctor		Data acc	epted:			
Do you like to receive a copy of the	nis document?				Yes	No
Copy Received: Signature of the patient						

## Please keep the questionnaire until your examination begins.

Please take care of your wardrobe, as the clinic cannot assume any responsibility for it.

<sup>&</sup>lt;sup>1</sup> In addition, underage persons or assisted adults should sign if they are informed about the procedure.

<sup>&</sup>lt;sup>2</sup> In principle both parents should sign. If only one parent has signed, the person who has signed assures that he or she is acting in agreement with the other parent or that he or she has the exclusive custody of the child.