



ADMISSION FORM of our practice

Please fill out this form carefully

How may we adress you? Mrs./Ms. Mr. Neutral salutation Not specified

Name First name born

Street

Residence Postcode

E-mail

Tel. private mobile phone.....

Profession

Insurance Eligible.....

Employer.....

How did you become aware of our practice?

Internet Recommendation Other

Your last measured values for

HeightWeight..... Blood Pressure

Serious injuries / Accidents

Allergies (e.g. against medication, pets, hay fever, asthma)

Vaccinations:	Tetanus (tetanus)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Polio (infantile paralysis)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Diphtheria	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	MMR (measles / mumps / rubella)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

other vaccinations (e.g. Covid-19, flu, hepatitis A/B, ticks):.....

Have you ever had any of the following **illnesses**:

- Eyes (e.g. cataracts, glaucoma, etc.)
- Teeth (defects, dental filling material)
- Jaw joint (wear, bite splint)
- Metabolism (thyroid, diabetes, hormonal disorders, etc.)
- Lungs (asthma, hyperinflation, etc.)
- Heart (heart muscle weakness, heart attack, high blood pressure, etc.)
- Stomach, intestines (ulcers, polyps, etc.)
- Bones, joints (rheumatism, osteoporosis, spinal wear)
- Abdominal diseases
- Infectious diseases
- Other diseases

Do you visit once a year **cancer prevention**? Yes No

Do you take **medication** regularly? Yes No

If yes, please give the name and how often you take it:

.....

.....

- **Nicotine** Yes No

- **Alcohol** Yes No

have you been **abroad** in the last three months? Yes No

If yes, where?

Are you interested in alternative **methods of treatment?**

(z.B. acupuncture, homeopathy etc.?)

Yes

No

Declaration of consent for email correspondence with the doctor or
Practice team with **Labortary values/ results / inqiuries / prescriptions** etc.

Yes

No

Please note the following:

You have booked an appointment using an electronic booking system which generally reduces waiting times. Please note that if you are unable to keep your appointment, **you are obliged to cancel at least 24 hours in advance**. Failure to do so results in a cancellation fee of **80 Euros**. Please also note that patients without appointments need to wait. Waiting times may also occur if emergency treatment is required. Thank you for your understanding.

With my signature I accept the regulations as listed above.

place, date

Signature

With my signature I accept the regulations listed above.