



Dear Patient,

we are happy to welcome you to our ophthalmology practice for the first time!

To ensure a competent and well rounded consultation we need some information about your medical history.

Take the time that you need to answer the following questions, make sure to read the questions carefully and to write very neatly.

Every question that you fill out will be kept confidentially and only within our doctors office. **We will not use any of your information for our commercial use. You are entitled to keep your information to yourself.**

Block 1: contact information

Surname, first name:

date of birth:

Adresse:

Telephone: private:
mobile:

workphone:

Email:

Would you like a notification for your appointments? If so via email () or via SMS ()

Block 2: Medical information / contact information

Insurance company:

If you have a private insurance, who is receiving the bill?

Family doctor, adresse:

Are you part of the DMP-programme concerning diabetes at your family doctor or diabetologist? ()

Block 3: Medical history

- Current profession:

- If you are a women are you pregnant? () yes () no () unsure

- Do you drive a car? () yes () no

- What medication do you take regularly? (name, dose, since when?)

