

Dear Patient!

Welcome to our neurological practice! Please answer the following questions to improve our communication.

Surname	Name
Nationality	Email address
Telephone	Mobile phone

**Which doctors have you seen before or sent you to our practice?**

Name	Speciality	Address	* Please check whether or not you agree to this doctor receiving our medical reports.
			• yes    • no
			• yes    • no
			• yes    • no
			• yes    • no
			• yes    • no

We maintain confidentiality. Medical reports and recipes will only be handed out to you in person. If you wish you can designate a representative, to whom we may give personal information or recipes too.

Designated representative

I agree that you as my neurologist may obtain medical information and findings on my person from other doctors treating me in the past or present. I am aware that I can revoke this declaration of consent at any time.

• yes    • no

I agree to receiving laboratory values via email if needed. I am aware that I can revoke this declaration of consent at any time.

• yes    • no

Date

Signature

Personal circumstances	Housing situation: <ul style="list-style-type: none"> <li>• single living</li> <li>• living with partner</li> <li>• living with children</li> <li>• living with parents</li> </ul>	Marital Status: <ul style="list-style-type: none"> <li>• single</li> <li>• widowed</li> <li>• divorced</li> <li>• married</li> </ul>
Children	• no            • yes- how many:	
Occupation	_____ <ul style="list-style-type: none"> <li>• employed</li> <li>• freelancer</li> <li>• unemployed</li> <li>• retired</li> </ul>	
Disability	• no            • yes, degree of disability:	
Legal guardian	• no            • Yes, name:	

*Please turn the page!*

## Are you taking any medication?

Medication and dosage	morning	at lunchtime	evening	at night	Prescription by / notices

## Allergies

Do you smoke?    • no    • yes    Daily amount:

Do you drink alcohol?    • no    • yes    Amount:

Please describe your current medical complaints and reason for attendance.

Have you had a medical history, major illnesses or surgery (chronic diseases, operations/ accidents etc.)?

**Thank you for your cooperation!**