



## REGISTRATION FORM

Welcome to our private clinic for dermatology and aesthetic medicine!

We, the team of the clinic, want to make your stay with us as pleasant as possible. To set up your personal file and to keep everything running smoothly, we first need some information from you. Please answer the following questions completely and correctly. All information you provide is subject to medical confidentiality laws per §203 of Criminal Code (StGB).

### Personal details

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Profession \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Post Code, City, Street, No. \_\_\_\_\_

Insurance/Responsible Party \_\_\_\_\_

Principal insured person/invoice recipient \_\_\_\_\_

Family doctor \_\_\_\_\_

### About your health

Are you suffering from any serious diseases that you are aware of?

No  Yes, please specify \_\_\_\_\_

Are you currently receiving medical treatment?

No  Yes, please specify \_\_\_\_\_

Are you currently taking prescription medications or homeopathic medications?

No  Yes, please specify \_\_\_\_\_

Do you have any known drug intolerance or allergy?

No  Yes, please specify \_\_\_\_\_

Are you currently suffering from an infectious disease (hepatitis, tuberculosis, HIV, MRSA, etc.)?

No  Yes, please specify \_\_\_\_\_

Are you pregnant or nursing?

No  Yes, I am pregnant in month \_\_\_\_\_  Yes, I am nursing

Please turn over

Have you had other surgeries incl. cosmetic (plastic) surgeries?

No  Yes, please specify \_\_\_\_\_

Do you have any current complaints?

No  Yes, please specify \_\_\_\_\_

### What other treatment requests do you have?

- Anti-Aging       Scars treatment       Injections (Botox, Hyaluronic acid)
- Skin care       Stretch marks       Upper und Lower lid lifting (Plasma-Pen-Treatment)
- Body Contouring       Podology       Medical cosmetics (e.g. for treatment of acne or other skin diseases)
- Other treatment requests \_\_\_\_\_

### For your information

I agree to receive a private bill, to whose payment I hereby commit. I agree that the fees claimed for settlement will be forwarded to a Medical Claims Office, which is subject to medical confidentiality. I hereby agree that, for my treatment, any necessary laboratory and tissue sub-studies are carried out at my cost and that schedule reminders by e-mail will be sent to me.

Your satisfaction is our goal. To ensure that we keep everything flowing smoothly, we have set up an appointment management system. By signing below, you agree to our rules regarding appointments and cancellations.

Our clinic works with a fixed schedule, which means that we will reserve an appointment exclusively for you. Therefore, we are usually unable to fill up time slots that become available due to short-notice cancellations.

If you are unable to make an appointment, please let us know either by email ([praxis@doetterer-rieg.de](mailto:praxis@doetterer-rieg.de)) or telephone at least 24 hours in advance. If your appointment is scheduled for a Monday, please let us know by noon the previous Friday.

If you fail to show up for your appointment without cancelling, we could charge you a cancellation fee of € 80.00.

Thank you for your understanding!

How did you hear about us?

Advertising     Internet     Recommendation     Miscellaneous \_\_\_\_\_

Frankfurt on the Main \_\_\_\_\_

Signature \_\_\_\_\_

With your signature you confirm that the information you have provided is complete and accurate and that you give us your consent to store your personal information in our records.