

DR. JAN OLIVIER ORTHOPÄDIE + CHIROPRAKTIK

Bernstorffstraße 174 22767 Hamburg **WEB** orthopaedie-olivier.de **MAIL** info@orthopaedie-olivier.de **TELEFON** 040 431 795 981

YOUR DATA IS SECURE - WE CONFORM TO GERMAN MEDICAL CONFIDENTIALITY GUIDELINES

PERSONAL INFORMATION

First name _____ Last name _____

Date of birth _____

YOUR CONTACT INFORMATION

Street _____

ZIP _____

City _____

Phone _____

Email _____

BILLING ADDRESS

ONLY IF THAT DIFFERS FROM THE ABOVE

Addressee _____

Street _____

ZIP _____

City _____

YOUR HEALTH INSURANCE

Statutory health insurance company: _____

Private health insurance company: _____

How did you hear of us? _____

KINDLY NOTE REAR PAGE!

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TELL US ABOUT YOUR HEALTH

What are your complaints?

What do you do for a living?

How do you stay fit?

Previous medical conditions?

Surgical procedures or severe trauma?

Ongoing prescriptions?

Known allergies?

Age: _____

Height: _____

Weight: _____

Please tick „Yes“ if applies:

Are you pregnant?	Yes: <input type="checkbox"/>
Medication for arterial hypertension or elevated cholesterol?	Yes: <input type="checkbox"/>
Did you or a family member have a stroke ?	Yes: <input type="checkbox"/>
Do you smoke?	Yes: <input type="checkbox"/>
Do you take medication for osteoporosis?	Yes: <input type="checkbox"/>