

Dear Patients,

thank you for entrusting us with your health.



GOETHESTRASSE

HNO Practice Goethestraße
Dr. Theisen | Dr. Tuna | Colleagues
Goethestraße 3
60313 Frankfurt am Main

We are happy to welcome you to our Ear-Nose-Throat medical practice (the letters “HNO” stand for the German abbreviation of “Ear, Nose and Throat”). Before we commence and talk about your current discomfort, we kindly ask you to give us some details about your general health and your personal details. You can be sure these details are used with greatest confidence and only to ensure adequate and risk-reduced treatment of your current discomfort. All details are subject to the Doctor-Patient Confidentiality Act.

1. Details about yourself

m f

Surname, Name

Date of Birth

Street

Postcode, City

Landline (Telephone)

Mobile Number

Email

Work Phone

Employer

Occupation

Emergency Contact

Surname, Name

Relationship

Telephone

2. Details about your insurance status

Social security insurance

additional private insurance coverage

private health cover (i.e. Cygna/Vanbreda)

Name of insurance company

Which additional private insurance coverage ?

If you are not the main insured person, please let us know who is

Surname, Name

Date of birth

3. Details about your health

Please give us the name and address of your general practitioner

Please give us the name and address of any specialists you may be seeing at the moment

Do you suffer from allergies, including incompatibility with certain medication? If yes, please specify Yes No

Do you currently consume any blood coagulation medication, e.g. Aspirine or Marcumar? Yes No

Which health conditions do you suffer from? (e.g. High Blood Pressure, Cardiac Problems, Diabetes, Asthma, etc.)

Please let us know which medication you currently consume, including natural remedies

Have you ever had an operation anywhere on your ears, nose or throat?

- No Yes Nose/ Sinusitis Ears Tonsils
 Any other surgeries _____

Please specify where these surgeries were performed and when: _____

Have any x-ray examinations been made of your head in the past? No Yes When? _____

Do you regularly consume alcohol? No Yes

Do you smoke? If so, how much on average per day? No Yes per day _____

Relevant for female patients only: Could you be pregnant or do you currently breastfeed? No Yes week _____

4. Reason for today's visit in our medical practice

How may we assist you?



Throat

- Problems when swallowing Irritation of the throat Snoring / sleep apnoea
 Swollen glands Hoarseness Other _____



Nose

- Blocked Nose Sinuse disease
 Rhinoplasty (nose job) Recurrent Nosebleeding
 Headache Postnasal Drip
 Smell and taste disorders Any other discomfort _____



Ears

- Hearing impairment Ear Noises/ Tinnitus Vertigo
 Ear ache Any other discomfort _____

Since when do you suffer from this discomfort? since _____ day(s) or _____ weeks(s) or _____ month(s)

5. How did you hear about us?

- Personal referral _____ HNO Homepage Google Jameda
 Telephone Listing Any other Medical letter of referral _____

Declaration

I have completed this form with best knowledge and my signature confirms the completeness and correctness of all details. I will notify the medical practice of any changes to these details immediately.

Place, Date

Signature (Parents of Minors to sign on behalf)

→ send by e-mail

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