swiss medi kids

Pat. Nr. ……

Medical History Questionnaire

PLEASE COMPLETE IN BLOCK CAPITALS / *Required field

*Family Name …….. *Name……

*Date of Birth ……/……/…… ☐ male ☐ female

*Address ……

*ZIP/ City ……

Home Phone …… *Mobile……..

*Email ……@……

*Mothers Name ……..

*Fathers Name ……..

Occupation ……..

*Does your child have any allergies? If yes, what are they? ……..……

……

*Health insurance …… (☐ Standard model ☐ Family doctors models)

*Name, Family Name of your pediatrician……..……

*City of your pediatrician ……..……

*Reason for your visit: ☐ I have no pediatrician ☐Didn't get an appointment at my pediatrician
☐ Absence of pediatrician ☐ Tourist

☐ Other: ..……

*How did you hear about us? ☐ Pediatrician ☐ Friends ☐ Permanence ☐ Facebook ☐ Internet
☐ Advertisement ☐ Flyer ☐ Street ☐ Pharmacy ☐Health Insurance ☐ Media

Other: ..……

Your details will be kept strictly confidential and subject to medical confidentiality

I hereby declare that the information I have provided is correct and agree that my data or findings from my medical history, including X-rays or photographs, and their copies or reproductions, may be shared for the medical, legal and payment purposes of other medical persons, insurance companies, debt collection or prosecution agencies, or made available to them on request.

Should I leave the practice while waiting with my child, I take over the responsibility for my child for the time outside the practice.

***Zurich, (Date)** …… ***Signature:** ……..……