

PATIENT REGISTRATION

PATIENT

☐ female ☐ male

Surname _____

First name _____

Date of birth _____

Marital status _____

Street address _____

ZIP / City _____

Private phone no. _____

Mobile no. _____

E-mail _____

Nationality _____

Occupation _____

Work phone no. _____

Employer (E) _____

Street address (E) _____

ZIP / City (E) _____

General practitioner (GP) _____

Address (GP) _____

Referring physician (RP) _____

Address (RP) _____

Report to GP required ☐ Yes ☐ No

General practitioner model ☐ Yes ☐ No

INSURANCE

Illness ☐ General ☐ SP ☐ P

Accident/workers compensation ☐ General ☐ SP ☐ P

Basic insurance _____

Accident insurance _____

Location _____

Claim no. _____

Insurance policy no. _____

Date of accident _____

Supplementary insurance _____

Supplementary insurance _____

☐ General CH ☐ SP ☐ P

☐ SP ☐ P

PATIENT REGISTRATION

CONTACT DATA

Contact person _____
(indispensable if patient is underage)

Phone number _____

Sport / Association _____

Club / Squad _____

CURRENT MEDICATION

KNOWN ALLERGIES

DISEASES / PREVIOUS OPERATIONS

PRELIMINARY EXAMINATIONS? (LABORATORY TESTS, X-RAYS, MRI, CT SCAN)

☐ Yes ☐ No When and where? _____

PLEASE BRING FOLLOWING DOCUMENTS WITH YOU

- Medical reports, if available surgery reports
- Preliminary examinations (laboratory tests, X-rays, MRI, CT Scan)

I acknowledged that information will be provided to the referring physician and the insurance company. Insurance companies require information for reimbursement process. I hereby consent to my personal data being stored, handled and processed. I also consent to my data being disclosed and passed on if necessary for debt collection purposes.

In case my accident insurance is not covering my expenses, reimbursement collection will be invoiced to my health insurance company or directly to me.

The ALTIUS Swiss Sportmed Center AG may use images and photo material produced of me during the medical treatment for internal and external purposes. (Scientific publications, homepage (www.altius.ag), lectures, social media, etc.)

☐ Yes ☐ No

Please understand that appointments that have not been cancelled 24 hours in advance will be invoiced.

HOW DID YOU FIND OUT ABOUT US?

☐ Sport / Association ☐ Family / Friends ☐ Web ☐ General practitioner / Referring physician ☐ _____

Place / Date

Patient / Legal guardians / Statutory representatives