

Admission form for new patients



Praxis Mohebi & Mikas
Fachärzte für Allgemeinmedizin
Hausärztliche Versorgung

Personal information

Mr.

Mrs.

Name, Surname

Date of Birth
(tt.mm.jjjj)

Age

Your adress

Contact information

Mobile number

Landline

E-Mail

Insurance

governmental insurance

privat insurance

Health insurer

When did you do your most recent health check up?

When did you do your most recent skin cancer screening?

Previous general practitioner

Name, Adress

Why you want/have to change your general practitioner? (optional)

State of health

Did you already had a colonoscopy? no yes When?

Are you frequent flu vaccinated? no yes

Do you support organ donation? (please tick/check where applicable)

I am in favor of organ donation yes no

I have an organ donor card yes no

I want (more) informationen yes no

Date/Signature

Signature legal guardian/ authorized representative