



Name, first name \_\_\_\_\_

Date of birth \_\_\_\_\_

Adress \_\_\_\_\_

\_\_\_\_\_

Phone / Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

Health insurance /  
Cost Coverage \_\_\_\_\_

**Medical History / Cardiovascular risc factors**

Blood pressure       Cholesterol       Diabetes       Smoking

Family history:       heart disease / stroke       aneurysm       kidney disease  
 Thyroid disease       cancer

Allergies \_\_\_\_\_

Medical treatment \_\_\_\_\_

\_\_\_\_\_

Height \_\_\_\_\_      Weight \_\_\_\_\_      Pregnancy yes no

Previous X-ray /  
CT scan \_\_\_\_\_

Recognized by signing this registration form: Invoice in accordance with GOÄ / German coding system for calculation of medical services. Billing of special blood chemistry (chapter MIII/IV GOÄ) by the laboratory (direct) or if required on short term through the medical office (indirect) without additional charge (payment in medical office indemnifies patient from laboratory billing).

Date \_\_\_\_\_

Signature \_\_\_\_\_