



Dear Patient,

Welcome to your neurological specialist practice Afradi. In order to facilitate the processing of your data, we ask you to fill out the following form. Please note that this form is considered a treatment contract and must be with us at least 2 working days (Mon-Fri) before your agreed appointment. If you do not submit it to us in good time, your appointment will be considered overdue.

1. Personal details:

Surname		First Name		Date of Birth		Birth Name	
Residential Address						Family Doctor	
Marital Status		Current Occupation		If Available, Name of Legal Guardian			
Phone Number				Email			
Insurance Status : Statutory Health Insurance <input type="checkbox"/> Private <input type="checkbox"/> : Base Rate <input type="checkbox"/> Standard Rate <input type="checkbox"/> Self-Payer <input type="checkbox"/> If applicable, the name of the private health insurance company:							
How did you hear about us? Own experience <input type="checkbox"/> Family & friends <input type="checkbox"/> Internet <input type="checkbox"/> other: ...							

2. Patient Privacy

2.1. Which doctor may receive medical information?

2.2. Which family member may receive medical information?

3. History Height: cm Current weight: Kg

3.1. Please briefly describe the current reason for your appointment.

4. Past medical history:

4.1. Please select from the list the illnesses that have already been diagnosed in you. (see the next page)

high blood pressure (Hypertension) ☐ diabetes ☐ increased blood lipids ☐ cardiac insufficiency ☐
atrial fibrillation/flutter ☐ renal insufficiency ☐ liver insufficiency ☐



migraine ☐ depression ☐ anxiety disorder ☐ Parkinson-Syndrome ☐ epilepsy ☐
andere:

4.2. Allergies:

4.3. For women: Pregnancy: yes ☐ no ☐

5. Habits

5.1. Do you smoke regularly? yes ☐ no ☐ If so, how many cigarettes a day?

5.2. Do you drink alcohol regularly? yes ☐ no ☐ If so, what kind and how much per day?

5.3. Do you consume illegal drugs? yes ☐ no ☐ If so, what kind and how much per day?

5.4. How is your nutrition like? normal ☐ vegetarian ☐ vegan ☐

6. Pre-medication(s): What medication are you taking? Please enter them in the table.

Name of the Medication	morning	noon	evening	night	If necessary

-
- With my signature I confirm the completeness and correctness of the above information.
 - I confirm that I have read the attached information sheet carefully and have taken note of it. I confirm that during my treatment with Mr. Afradi I will inform him of any change in current medication and/or medical history.
 - I agree that I must cancel any appointment that has already been made at least 48 hours (2 working days, Mon-Fri) in advance if I do not want to/cannot show up for the appointment. If this is not the case, a cancellation fee of €50.00 (fifty euros) will be due with immediate effect (legal basis: § 615 BGB). A telephone cancellation is sufficient as long as this is done in person. If the patient is unable to attend at short notice and is not at fault, a cancellation can also be made at short notice before the treatment appointment.

Date

Patient's Signature

Doctor's Signature

Information Sheet



Before your first visit with us, we ask you to fill out our anamnesis form, sign it and send it to us no later than 2 working days (Mon-Fri) before your appointment (by e-mail, fax or personal delivery). The anamnesis form is also a treatment contract that applies to your possible further visits. Your agreed appointment is reserved exclusively for you. Please understand that your agreed appointment will be canceled on our part if we do not receive the anamnesis form 48 hours before the agreed appointment (2 working days). As an appointment practice, we can therefore better organize our daily routine and be there for people who actually need a prompt visit to a specialist.

We kindly ask you to cancel your appointment in good time (maximum 2 working days before the appointment) if you cannot/do not want to keep it. A timely cancellation of your appointment gives us the chance to organize our practice processes better and to avoid a potential gap in our appointment calendar; so we can help other people who sometimes wait weeks for an appointment. Please note that a cancellation fee will be charged if such an appointment is not canceled in good time.

Please bring any documents (doctor's letters, findings, CDs, medication plan) that may be relevant to your current symptoms to your appointment. We then decide on site which documents we actually need.

For parking area, see the "Contact" column on our website. Please click on the image that explains where you can best park.

Since we treat a large number of patients with chronic and serious illnesses and unforeseen emergency complaints can therefore always occur, we cannot always avoid waiting times in the practice, despite precise scheduling. We ask for your understanding.

Note on our open consultations hours (offene Sprechstunden):

The "Open Consultation Hours" give people the opportunity to bypass the waiting time until a planned appointment if they suffer from more acute symptoms. Please note that this is only about the complaints that should be treated acutely from a medical point of view. We ask that you refrain from coming to the open consultation hours if your symptoms persist or do not represent a life-threatening situation. It should be pointed out that the open consultation hours are "crisis management/emergency treatment". We indicate that we have a limited daily capacity to treat patients in the open office hours.