

Welcome to the Holbeinpraxis

PERSONAL DATA

Family Name _____

First Name _____

Street / Nr. _____

Postal Code / City _____

Date of birth _____

Nationality _____

Phone landline _____

Phone business _____

Mobile _____

E-Mail _____

Profession _____

INSURANCE

Basic Insurance _____

Type of Basic Insurance

Free selection of specialist

GP / HMO Model

Telemed-Model

Accident

Accident Insurance _____

Accident-Nr. _____

Date of Accident _____

GENERAL PRACTITIONER

Name, Prenom, Place:

REFERRAL

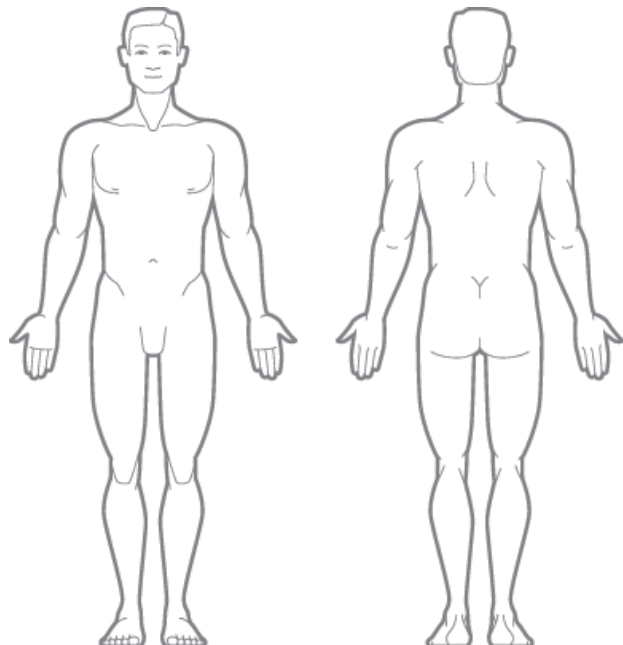
none

General Practitioner

other:

PAIN

Please draw on the following figures where you have pain today:



Since when do you have this pain?

How strong is your pain today?

0 - none

1 -

2 - light

3 -

4 - annoying

5 -

6 - strong

7 -

8 - very strong

9 -

10 - unbearable

Please turn page!

GENERAL INFORMATION

Height (cm): _____ Weight (kg): _____

Do you take any medication on a regular basis? Yes No

Have you ever been treated by a chiropractor? Yes No

Do you have any recent X-rays, MRI-, CT-scans concerning your actual complaint? Yes No

Did or do you suffer from:

Dizziness

Headache

Impaired vision

Stroke

Heart conditions

Diabetes

Rheumatic diseases

Cancer

Breathing problems

Digestive problems

Allergies

Psychological problems

Concentration problems

other diseases _____

I hereby consent to having my chiropractor gather imaging, reports or further medical information concerning my complaint or to further provide information to any other medical professionals. I also consent to the transfer of necessary data needed for insurance, collection procedure or legal purposes.

Chiropractic treatment is fundamentally safe. As in any other medical procedure there are potential risks, side effects or complications that may develop, but these are rare. The most common side effects are local tenderness or muscle aches, which should subside within a few days. There are reported cases of stroke associated with visits to chiropractors. These have never been evidenced having a causal connection with manipulation. Recent studies suggest that these patients may be consulting chiropractors as well as medical doctors when they may have signs and symptoms of a stroke already in progress. It is the obligation for any medical practitioner to identify and diagnose these patients in all conscience.

I acknowledge I have read and understood this consent and I have been offered the opportunity to discuss any questions regarding nature and purpose of chiropractic treatment as well as alternatives. With my signature I consent to an explicit chiropractic treatment of any kind. Place of jurisdiction in case of legal action concerning treatment or billing linked to any provider domiciled in the Holbeinpraxis, Holbeinstrasse 65, 4051 Basel, is Basel.

I consent to direct electronic billing with my basic insurance.

Date, Patient's signature
