

*family practice Oberdöbling*  
*Dr. Mario Földy*  
*MR Dr. Ernest Zulus, MBA*  
*general practitioners*

## Patient admission form

Welcome to the family practice Oberdöbling.  
We are pleased to welcome you as a new patient.  
In order for us to provide the best possible care for you, we need to ask you a few questions about your medical history. Please take the time to answer them and don't hesitate to ask us any questions you may have. Thank you very much.

Last name \_\_\_\_\_

First name \_\_\_\_\_

Birthdate \_\_\_\_\_

Address \_\_\_\_\_

ZIP / Place \_\_\_\_\_

Phone number \_\_\_\_\_

Health insurance company \_\_\_\_\_

For your own interest we kindly ask for information about modifications of address or phone number as soon as possible.

Current complaints:

Do you suffer from any chronic diseases?

No

If yes, please list them here:

please turn the page!



Have you ever had surgery/implant?

No

If yes, when and where? Please also tell us, what kind of surgery you had.

Which medications do you take regularly (including drops, ointments, nutritional supplements)?

Do you have any allergies (especially medication)?

No

If so, what are you allergic against?

please turn the page!



Current height? \_\_\_\_\_ cm

Current weight? \_\_\_\_\_ kg

Previous family doctor:

Have you ever had a preventive medical check-up?

No           

Yes          

Thank you very much!

Date: \_\_\_\_\_

Signature: \_\_\_\_\_