

# Appointment confirmation

## Basic information

(Please fill out in block letters)

### 1. Appointment confirmation

I hereby confirm the appointment

date:

time:

with:

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

### 2. Personal details

#### Patient

Title:

Surname:

First name:

Date of birth:

Place of birth:

Birth name:

Height:

Weight:

marital status:    married     unmarried

#### Husband / Partner

Title:

Surname:

First name:

Date of birth:

Place of birth:

Birth name:

Height:

Weight:

### 3. Address

Street:

Telephone (priv.):

Fax (priv.):

E-Mail (priv.):  
(for encrypted communication)

Place:

Telephone (business):

mobile phone (priv.) woman:

mobile phone (priv.) man:

### 4. Health insurance

#### Patient

**statutory:** \_\_\_\_\_  
(name of health insurance)

**private:** \_\_\_\_\_  
(name of health insurance)

**subsidy:** \_\_\_\_\_  
(name of the benefits office)

#### Husband / Partner

**statutory:** \_\_\_\_\_  
(name of health insurance)

**private:** \_\_\_\_\_  
(name of health insurance)

**subsidy:** \_\_\_\_\_  
(name of the benefits office)

**5. How did you hear about us?**

- Gynecologist     Another doctor     Friends     FCH Homepage
- Media     Instagram/Facebook     were already in your treatment / another child
- Others \_\_\_\_\_

**Patient statement for data transmission  
to the gynecologist**

\_\_\_\_\_  
Surname/Firstname/Date of birth of patient

**Please tick as appropriate**

- consent** to the transmission of the medical findings and doctor letters to my **Gynecologist** for now and in the future.

I am informed that I can revoke this consent in writing at any time.

**Gynecologist**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

Postal code/place: \_\_\_\_\_

Tel./ Fax: \_\_\_\_\_

**OR**

- I **don't** give any general permission to forward medical findings and doctor letters or advice to my gynecologist.

In case of important findings, I will, if appropriate, give my written consent for this particular case.

\_\_\_\_\_  
Date/Signature of female patient