Kinderarztpraxis
Dr. med. Eva Brand
Dr. med. Jannie Weiten
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12165 Berlin
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Registration

Last name:	First name(s):
Date of birth (DD.MM.YY):	School/kindergarten:
Health insurance:	Main insured person:
Address (street and house number):	Postal code/city:

Custodian 1: *

Profession:	Phone:	Email:

Custodian 2: *

Profession:	Phone:	Email:

Pre-existing diseases: *	Other treating doctors: *

☐ I agree until further notice that my data may be disclosed internally to all employees of the practice if this is necessary for my treatment.

☐ I have been informed that all employees are obliged to maintain confidentiality and have signed a non-disclosure agreement.

☐ My data may be transmitted to third parties, e.g. cost bearers or referring doctors, within the scope of the intended purpose and in compliance with the respective data protection regulations until revoked.

☐ I agree that my email address / mobile phone number will be used for reminders of agreed appointments or outstanding vaccinations.

☐ I agree that information / prescriptions may be passed on to the following relatives:

Full name:	Full name: *

☐ The following persons are authorised to accompany my child to the practice to receive medical care:

Full name:	Full name: *

*) Please use the back side to provide further details

I have taken note of the complete privacy policy,
which is available for inspection in the practice.

Date

Signature of the custodian(s)