PERMANENCE Rapperswil-Jona

Wir sind **Mo-Fr 8-20 Uhr – Sa & So 9-19Uhr** für Sie da!

Personal Data Form:

☐ Male ☐ Female

Last Name: _____ First Name: _____

Information from Guardian (for Children under 18y are the Parents their Guardian):

_____

Date of Birth: _____

Residential street: _____ Zip Code/City: _____

Phone: _____ Cell phone: _____

E-mail: _____

Occupation/Employer: _____

Business phone: _____

Family Doctor: _____

Insurance: _____ Insurance-Policy-number: _____

OASI/AHV-number: _____

Personal Medical Information:

Do you suffer from an Allergies or Intolerances? ☐ No

☐ Yes _____

Do you take any medicine regularly? ☐ No

☐ Yes, which one? _____

Do you suffer from one or more of the following please ☐ None

☐ Cardiovascular ☐ Diabetes ☐ Kidney disease ☐ Hepatitis

☐ Thyroid disease ☐ Pulmonary disease ☐ Rheumatism ☐ HIV

☐ others: _____

I consent to the data required for invoicing and checking my payment history being sent to both the billing institution (e.g. Swisscom Health AG) and its contractual partners as well as to those with any collection commissioned institution or the lawyer involved as well as the competent authorities (e.g. credit agencies) or can be passed on to state authorities or obtained from them. My doctor is authorized to give medical to request access to files about me and to be allowed to send treatment reports to other doctors.

With my signature I confirm that I agree to the direct and unencrypted communication with the Permanence-RJ per email and/or mobile phone.

Rapperswil-Jona, _____ Signature: _____