**Patient data sheet**

Surename \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firstname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street / House number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode / City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobil \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General practitioner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I authorise invoicing with the health insurance company Yes No

How did you hear about us ?

o Google/Internet

o Instagram/Facebook

o Website Swiss Med Team, Derm Art

o acquaintance/friend

o Family doctor/referrer

*We would like to draw your attention to the following points:*

*- Appointments must be cancelled at least 24 hours in advance by phone or e-mail, otherwise a charge will be made.*

*- Medication, aesthetic or care products that you receive from your doctor or that we order for you can neither be exchanged nor refunded. Even if you do not pick up your order, you will be charged in any case. Of course, you may bring the old medication to our practice or to your nearest pharmacy for correct disposal.*

Winterthur, the \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

**Consent to send e-mails**

|  |  |
| --- | --- |
| **Name**  | **First Name** |
|  |  |
| **Date of birth** | **E-Mail address** |
|  |  |

Due to data protection and security regulations in e-mail traffic, Swiss Med Team AG and Derm Art are generally prohibited from sending personal data in simple, unencrypted e-mails.

Therefore, the classic paper form should always be used for corresponding correspondence. In the event that you nevertheless wish to receive your report by e-mail, in deviation from the current regulations, the sending of such data in simple, unencrypted e-mails is only permitted if a signed declaration - scanned and returned by e-mail or in paper form - is provided by you. You will therefore be given the opportunity to make such a declaration below.

I agree with the correspondence or the sending of data in PDF, MS Word or JPG format via

simple e-mail to the above e-mail address. I am aware that the e-mails sent to me in this

may contain personal data or data subject to medical confidentiality.

I am aware of the risks associated with the sending of such e-mails - in particular the unauthorized

I am aware of the risks involved in sending such e-mails - in particular unauthorized access and use by third parties - and I accept full responsibility for them.

Place, date Signature patient or elected representative

---------------------------------------------- --------------------------------------------------------------------

**I do not wish to receive mail, please tick:**

I do **not** consent to mailings of any kind, regarding medical correspondence.