



**Personal Data** for your appointment at the Thyroid Center Vienna on \_\_\_\_\_ at \_\_\_\_\_ .

**Please fill in the questionnaire.**

Information with \* is mandatory.

**Last Name\*:**

**First Name\*:**

**Title:**

**Street\* name, number:**

**Post code\*:**

**Town\*:**

**Sex\*:**

female

male

**Date of birth\*:**

**Telephone number\*:**

**Email address:**

*Please let us know your email address so that we have another option to contact you in urgent cases in addition to your telephone number.*

*For communication via email, you have to sign an agreement that you will get from our staff at your first appointment. Otherwise, we are not allowed to send documents such as a confirmation of payment via email. Due to the strict Austrian data restrictions, we even are not allowed to reply to your emails containing medical issues.*

Page 2 – *please fill in your name here:*

**Insurance\*:**

Austrian health insurance

Insurance  
provider\*:

10-digit social security number\*:

Employer:

For co-insured patients:

Name of main insured person

10-digit social security number    Date of birth

Foreign health insurance with valid EU health insurance card with EU flag at the back

private health insurance only

**Referring physician:**

If your referring physician has access to an Austrian transmission system for medical reports, we can send him/her your medical findings.

**Do you want us to send your medical findings to the referring doctor in this case?**            yes            no

**Do you want us to send your medical findings by transport encrypted email or by postal service?**

by email (transport encrypted and signed)

by postal service

**Even if you prefer communication by postal service, we ask you to provide an email address and to sign an agreement.** This is the only way that we are allowed to email your medical findings in case of future emergencies.

yes, I agree

no, communication by postal service only

**Weight in kg\***

**Height in cm\***

**For Women:    Are you pregnant?\***

no

yes, week of pregnancy:

Please check again if the data stated above is correct.

Please take this completed form with you to your first appointment or send the form in advance.