Dr Marius Federiga
37, Route De Luxembourg
L-6450 Echternach
Tel: 00352-28997203
eMail: internistlux@gmail.com
903256-89

Privacy Police

Please fill in your personal information :

Last name (maiden name): _____

First name : _____

Family name (if married): _____

Matricule / date of birth : _____

insured with (mark with a cross): ☐ CNS ☐ andere Versicherung : _____

Address (street, number, post code, location) :

_____

_____

mobile phone: _____

fixed phone : _____

Email address :_____

1. I have been informed that my personal data will be stored digitally for the purpose of medical treatment in the practice of Dr. Federiga. The data can and must be passed on to third parties such as laboratories, hospitals, treating physicians, tax offices and health insurance companies for the purpose of your treatment. Otherwise, the data will only be forwarded at your express request.

How can we contact you to inform you of the need for a new appointment or to inform you about your results ?

☐ By phone ☐ via mail ☐ via E-mail

_____
Date, signature

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Anamnese

Name, first name :

_____

Matricule / Date of birth : _____

Previous illnesses Size : _____ ccm Weight: _____ kg

Do you have allergies? _____

Do you have any drug intolerance? _____

Do you have rheumatism? _____

Do you have high blood pressure / low blood pressure? _____

Do you have heart / liver or circulatory diseases ? _____

_____

Do you have infectious diseases (HIV, hepatitis)? _____

Do you have diabetes? _____

Do you have any other known diseases? _____

_____

Do you smoke ? : ☐ No ☐ Yes ☐ ex-smoker

What medications are you currently taking on a regular basis?

_____

_____

_____

_____
Date, signature