

**Neurozentrum für Kinder u. Jugendliche Neuhausen  
Neuropsychiatrische Gemeinschaftspraxis**

**Dr. med. Adam Alfred**

Kinder- u. Jugendarzt  
Kinder- u. Jugendpsychiater  
Homöopathie  
Neurofeedback

**Dr. med. Michael Granel**

Kinder- u. Jugendarzt  
Kinder- u. Jugendneurologe  
Homöopathie  
Neurofeedback

**Nymphenburger Str. 156, 80634 München**

Tel.: 089-189 512-10 / Fax: 089-189 512-13

sekretariat@dr-alfred.de

München, den \_\_\_\_\_

**Application form for clients who wish to receive a private treatment**

Child's Name: \_\_\_\_\_ Surname: \_\_\_\_\_ born: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Surname: \_\_\_\_\_ born: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Surname: \_\_\_\_\_ born: \_\_\_\_\_

Custody:

Family Situation:

Sole Custody:

shared custody

living together

Mother

living apart

Father

**(Parents with shared custody, but living separately: we legally need a declaration of consent other second parent, otherwise we cannot provide the treatment for the child.)**

Address of the holder of custody: \_\_\_\_\_

Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

**Main insured person:**

Child

Mother

Father

Reason for appointment: \_\_\_\_\_

Note: \_\_\_\_\_

As the appointments in our practice are solely offered on demand, we are not able to fill in appointments that are cancelled on short notice. Missed appointments will therefore be charged accordingly (61,20€/hrs. and 40,80€/0,5hrs. ) We therefore kindly ask you to cancel your appointment in time **(at least 24hrs. in advance)** via fax, mail or telephone.

**Please bring the following documents to the appointment:**

- ✓ Last school report card(half term, school year) as **a copy of the original**
- ✓ (if available) diagnostic results/medical reports as **a copy of the original**
- ✓ **Declaration of consent** of the other parent, in the case of shared custody but living separately

Please note that the costs of medical reports (i.e. Dyslexia, Dyscalculia) are added to the costs of diagnosis. Private health insurances generally cover these costs. These are regulated according to the medical fee schedule (GOÄ); approx. 260€ for a standard report and approx. 40€ for a medical statement, which is usually sufficient as a confirmation required by schools (e.g. a Dyslexia-Statement).

Please also be aware that the reimbursement for services is limited to certain psychiatric/psychotherapeutic cases-depending on the conditions of the contract.

For billing private insurance bills we use the services of Medas (medical billing company)

Release from professional discretion and consent of data protection:

I hereby release my medical and psychological therapists for the current and future treatments from their professional discretion and I agree that all data necessary for billing (Name, Address, Date of Birth, diagnosis, infos regarding treatment) will be transferred to Medas factoring GmbH and Medas GmbH, trust company for medical billing, both Messerschmittstraße 4, 80992 München.

I hereby agree to the assignment of therapeutic treatment claims to Medas factoring GmbH and to the billing by this company. I furthermore agree that Medas GmbH, trust company for medical billing, collects, progresses and uses data for Medas factoring GmbH for the purpose of billing.

All data will be kept private and under no circumstances given to others.

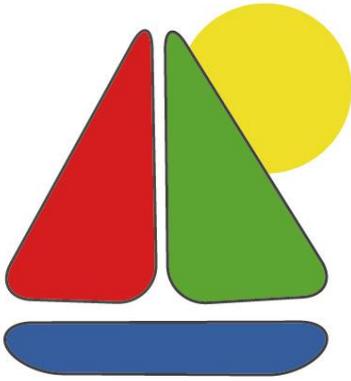
Personal data will be deleted regularly after completion of the contract and according to tax- and economic regulations.

This consent can be cancelled at any time in written form without stating reasons.

I furthermore give my consent to be informed about developments in the practice as well as in the fields of psychosomatic and psychiatry in a newsletter. I realise I can unsubscribe from the Newsletter at any time.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



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Munich, \_\_\_\_\_

**Medical history – reported by parent(s)**

Child's name and surname: \_\_\_\_\_ Age: \_\_\_\_\_

Reason for appointment: \_\_\_\_\_

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Onset of problematic behaviour: \_\_\_\_\_

Family status (living together/separated; child custody joint/sole; sisters or brothers):

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

Age of mother/father: \_\_\_\_\_

Profession of mother/father: \_\_\_\_\_

Pre-existing conditions in the family: \_\_\_\_\_

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Burdensome/straining factors: \_\_\_\_\_

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**Baby- and toddler**

Pregnancy (normal, smoking, alcohol during the childbearing period, tocolytics etc.):

\_\_\_\_\_

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Birth (prematurity, oxygen deficiency etc.): \_\_\_\_\_

Preventive medical check-ups (U1-U9): \_\_\_\_\_

Motor skills: \_\_\_\_\_

Language skills: \_\_\_\_\_

Potty training: \_\_\_\_\_

### **Nursery/Play school**

Behavioral peculiarity (Separation anxiety, Hyperactivity etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sickness/Surgery/Accident/Allergy (Epilepsy, Meningitis, Craniocerebral Injury):

\_\_\_\_\_

### **School**

School enrolment: \_\_\_\_\_

Day-care or other institutions: \_\_\_\_\_

Relevant life events: \_\_\_\_\_

\_\_\_\_\_

### **Therapies**

Previous treatments, therapeutic interventions or hospital stay (day clinic, admission, duration and reason, concluded/currently running?):

\_\_\_\_\_

\_\_\_\_\_

**Suspected diagnosis und further procedure:**