

Praxis Dr. Adam Alfred

Kinderarzt, Kinder- und Jugendpsychiater
Homöopathie, Neurofeedback

Nymphenburger Str. 156, 80634 München

Tel.: 089-18951210 / Fax: 089-18951213

Sekretariat@dr-alfred.de / www.praxisalfred.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:

shared custody

Family Situation:

living together

living apart

Sole Custody:

Mother

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. 350€ 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-dependending 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.

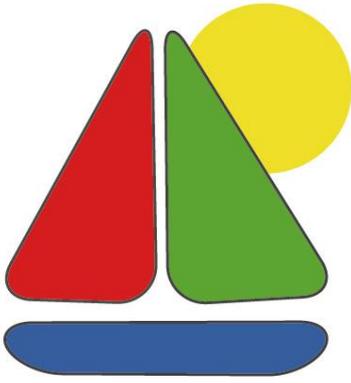
Personal data will be deleted regularly after completion of the contract and according to tax- and economic regulations.

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: _____



Praxis Dr. Adam Alfred

Kinderarzt, Kinder- und Jugendpsychiater
Homöopathie, Neurofeedback

Nymphenburger Str. 156, 80634 München

Tel.: 089-18951210 / Fax: 089-18951213

Sekretariat@dr-alfred.de / www.praxisalfred.de

Munich, _____

Medical history – reported by parent(s)

Child's name and surname: _____ Age: _____

Reason for appointment: _____

Onset of problematic behaviour: _____

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

Age of mother/father: _____

Profession of mother/father: _____

Pre-existing conditions in the family: _____

Burdensome/straining factors: _____

Baby- and toddler

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

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: