Kinderarztpraxis

Dr. Junge & Goecke

Patient Registration Form

Dear parents, welcome to our practice! We look forward to getting to know you and your child and to providing you with the best possible care. To help us prepare for your first appointment, please fill in this registration form in advance and send it to us by email or bring it to your first visit. Thank you for your help!

Child / Adolescent Details

1. Last name

2. First name

3. Date of birth

4. Sex
   ◯ male ◯ female ◯ other

5. Address

6. Health insurance provider

7. Complications during pregnancy or delivery

8. Chronic conditions

9. Current medications

10. Operations and hospital admissions

11. Legal guardians
    ☐ Mother ☐ Father ☐

12. Other people authorised to bring the child to appointments

13. Siblings

Name	Date of birth	Conditions / allergies

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Mother's Details

14. Last name

15. First name

16. Date of birth

17. Occupation

18. Phone number

19. Email address

20. Relevant medical conditions or allergies

21. Relevant family medical history

22. Height (in cm, for percentile calculation)

Father's Details

23. Last name

24. First name

25. Date of birth

26. Occupation

27. Phone number

28. Email address

29. Relevant medical conditions or allergies

30. Relevant family medical history

31. Height (in cm, for percentile calculation)