Patient Registration & Consent

Praxis Dr. Romanos
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Personal Details (please use block letters)

First name	Last name
Sex ☐ male ☐ female	Date of birth
Street and number	Postcode / city
Mobile phone	E-Mail
Occupation (optional)	Employer
Health insurance	Insurance card no. 80756
Plan ☐ Standard ☐ GP model ☐ Telmed ☐ HMO	Deductible (optional) CHF
Emergency contact (name, relationship & phone)	

Please list your previous family doctor as well as relevant specialists or hospitals.

Doctor / institution	Specialty	City

With my signature, I authorise Praxis Dr. Romanos and its staff to do the following:

- to request, receive and exchange treatment-relevant medical records with involved healthcare providers;
- to process and store my personal and medical data in accordance with Swiss data protection law;
- to contact me by phone (call, SMS, WhatsApp) or e-mail regarding appointments, administrative matters and my medical care. I am aware that e-mail and WhatsApp are not fully secure;
- to transmit the information required for billing to my health insurer or other responsible insurers.

Restrictions (optional)

Declaration

I confirm that I have read the **Patient information on the handling of personal data and medical records** and agree to the data processing described therein.

This authorisation remains valid until I revoke it in writing. Please cancel appointments at least 24 hours in advance.

Place, date	Signature

Main concern / main reason for today's visit

Medical conditions

Existing / current condition(s)	
Important previous condition(s)	
High blood pressure ☐ No ☐ Yes	Diabetes ☐ No ☐ Yes
Elevated cholesterol ☐ No ☐ Yes	Thyroid disease ☐ No ☐ Yes
Heart disease ☐ No ☐ Yes	Asthma / lung disease ☐ No ☐ Yes
Depression / anxiety ☐ No ☐ Yes	Pregnant or breastfeeding ☐ No ☐ Yes
Blood thinners ☐ No ☐ Yes	Height (cm) / weight (kg)

Allergies / intolerances

Allergy / intolerance	Reaction

Current medications, vitamins and supplements

Name	Dose	Since when / reason

Operations, hospital stays or major treatments

Procedure / treatment	Year	Hospital / remarks

Your habits

Smoking ☐ No ☐ Yes	Amount per day and since when
Regular alcohol consumption ☐ No ☐ Yes	How often / amount
Sports / exercise ☐ No ☐ Yes	Type / frequency

Family history

Please state the relationship – for cardiovascular disease / stroke also the age at onset.

☐ Cardiovascular disease	☐ Rheumatism / autoimmune disease	☐ Diabetes
☐ Stroke	☐ Joint / chronic back problems	☐ Cancer
☐ High blood pressure	☐ Overweight / obesity	☐ Other: _____

Patient information on the handling of personal data and medical records

The following explains for which purposes Praxis Dr. Romanos (hereinafter «the practice») collects, processes, stores and shares your personal data and medical records. It also informs you about your rights under the applicable Swiss data protection legislation.

Responsibility The practice is responsible for processing your personal data, including your health data. If you have questions about data protection or wish to exercise your rights, please contact the practice team or your doctor directly.

Collection and purpose of data processing Your personal and medical data are processed on the basis of the treatment contract and the applicable legal provisions, in order to ensure your medical care and to fulfil the associated legal, administrative and billing obligations.

The data are collected directly from you in the course of your treatment. With your consent, we may also request and receive relevant medical records from previously or currently treating doctors, hospitals, clinics, laboratories, radiology centres, pharmacies, therapists and other healthcare providers involved in your treatment.

Your medical record contains only information relevant to your medical care. This includes in particular the data provided in the patient registration form (personal, contact and insurance details), medical history, consultation reports, diagnoses, findings, treatment proposals, medication lists, laboratory and imaging results, referrals and other documents relevant to your treatment.

Retention period Your medical record is retained for 20 years after your last treatment, or longer where required by applicable law. After this period it is securely deleted or destroyed, unless a further statutory retention obligation exists.

Disclosure of data Your personal data, including your medical data, are only disclosed where this is legally permitted or required, or where necessary for your medical care. Recipients may include in particular:

- your health, accident, disability or military insurance, for billing purposes;
- doctors, hospitals, laboratories, radiology centres, pharmacies and other healthcare providers involved in your treatment;
- cantonal or federal authorities, where disclosure is required by law;
- debt collection agencies, insofar as necessary to collect outstanding invoices.

Communication Wherever possible, the practice uses secure channels (e.g. HIN). Phone (call, SMS, WhatsApp) and e-mail may also be used for appointments, administrative matters and, where appropriate, medical communication. E-mail and WhatsApp are not fully confidential.

Revoking your consent If you have consented to the processing of your personal data or to obtaining previous medical records, you may revoke this consent at any time in writing. The revocation applies to future processing, unless another legal basis exists. The lawfulness of processing carried out before the revocation remains unaffected. Medical records already received remain part of your medical history, unless the law provides otherwise.

Information, access and copies You have the right at any time to obtain information about the personal data we hold about you. You may inspect your medical record or request a copy. Copies are generally provided free of charge. A fee may be charged only in legally permitted exceptional cases; any costs will be communicated to you in advance.

Right to data release and transfer You have the right to receive the personal data we process in a common, machine-readable format or, where technically possible and legally applicable, to request their transfer to another healthcare provider.

Correction of your data If you believe that your personal data are incorrect or incomplete, you may request their correction. If the accuracy of the information cannot be established, you may request that a corresponding note be added to your medical record.