

Dear Parents, Welcome to our Practice!

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Before we turn our attention to your child, we would like to ask you to answer the following questions. This information helps us with the comprehensive care of your child. The answers are voluntary and are of course subject to medical confidentiality.

Child's Name:	Date of Birth:
Address:	
Telephone Number (private):	
Mother's Name:	Date of Birth:
Occupation:	
Mobile phone:	
Father's Name:	Date of Birth:
Occupation:	
Mobile phone:	
Who cares for the child? Both parents	□ Mother □ Father □ Other □
Health insurance: Insured through:	Mother Father Other
Address of the main insured person, if diff	ferent from that of the child:
□ State Health Insurance:	
Private Health Insurance:	
Are there any special family situations (i.e	e. single parent, serious disease of a family
member, recent move, separation, death)	?
Siblings (name, age, any health issues):	
Languages spoken at Home:	



Pregnancy and Birth

Birth:	_week of pregnancy	Spontaneous Labour	C-section	Vacuum	
Delivery					
Were there complications during or after pregnancy/birth?			no 🗆	yes 🗆	
>> If yes, ple	ase explain				

Family History of Disease

If yes, who is/was affected?	
Hip dysplasia at birth	
Asthma	
Neurodermatitis	
Hay fever	
Allergies (which ones?)	
Diabetes	
Thyroid disease	
High blood pressure	
Kidney disease	
Elevated cholesterol	
Other (please list)	

How did you hear about our practice?

- Recommendation:
- o Internet.:_____
- o Other:____

Have we forgotten anything/ is there anything else you would like to tell us?

This form was filled out by	Mother / Father / Other
Date	Signature:

Thank you so much for your help!