

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of birth: \_\_\_\_ . \_\_\_\_ . \_\_\_\_ male  female  diverse

Phone: \_\_\_\_\_

Street: \_\_\_\_\_ Postal code, City: \_\_\_\_\_

Profession: \_\_\_\_\_ Employer: \_\_\_\_\_

Family doctor (Name, City): Dr. \_\_\_\_\_

Pacemaker/Defibrillator: no  / yes

Allergies (e.g. medicine): no  / yes  what kind?  
\_\_\_\_\_

Regular medication: no  / yes  what kind?  
\_\_\_\_\_

For reasons of radiation protection, we are legally obliged to ask you the following before an X-ray examination:

Pregnancy? no  / yes  / not sure

I agree with an X-ray examination for me or my son/daughter in the sports practice Dr. Pfalzer & Dr. Zeithammel in Bockelstr. 146, 70619 Stuttgart  
\_\_\_\_\_

Where do you feel pain? (bodypart, right / left / bothsides)?  
\_\_\_\_\_

Pain since when? (day/month. or. day/time of accident)  
\_\_\_\_\_

**Please turn over →**

Has an accident happened (e.g. fall, bent over, cut) ?

No  Yes  → accident at work

→ accident to work or from work (direct way)

→ accident at school

→ accident at playschool

→ happend privately

**To be completed only in the event of accidents at work:**

Professional association (Payers, accident insurance for accidents at work):

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**Description of the accident or the origin of the complaints:**

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**Consent to the collection / transmission of patient data by the specialist in accordance with Section 73 (1b) of the Social Code Book V**

I consent to my treatment data and findings being transmitted to my family doctor for the purpose of documentation and further treatment.

I also consent to the above-mentioned specialist collecting the treatment data and findings required for my treatment from my family doctor and other doctors and service providers who treat me. He may process and use these for the purpose of the services to be provided by him.

I am aware that I can revoke this consent in whole or in part at any time for the future.

**Stuttgart, \_\_\_\_ . \_\_\_\_ . \_\_\_\_ Signature: \_\_\_\_\_**

Patient or legal representatives