medicus
Ärztezentrum March

Patient Registration Form and Health Information

Last name First name

Date of birth

Current medical problem:

Important personal diagnoses/diseases:

Important family diagnoses/diseases (father, mother, siblings, children):

Consumption (if so, how much?): ☐ Alcohol ☐ Nicotine ☐ Illicit Drugs (if yes, which ones?)

Allergies/intolerances:

Current medication use:

Name and address of previously treating doctors / health professionals:

Please fill out this form before your first appointment and send it back (medicus@hin.ch) or hand it in personally at the medical centre.

medicus Ärztezentrum March | Glarnerstrasse 43 | 8854 Siebnen | www.medicus.swiss |medicus@hin.ch | Tel. +41 55 450 80 80