Fillable form
Before your first appointment, please complete and save this form on your computer, tablet or smartphone – or print it and fill it in by hand. Then preferably hand it in personally or send it by encrypted email to medicus@hin.ch. This note will not be printed.

medicus
Ärztezentrum March

Patient intake 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):

Substance use (if yes, how much?): ☐ Alcohol ☐ Nicotine ☐ Illicit drugs (if yes, which ones?)

Allergies/intolerances:

Current medication use:

Name and address of doctors / healthcare professionals who have treated you:

Please fill in this form before your first appointment and preferably hand it in at the medical centre in person or send it back by encrypted email (medicus@hin.ch).

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