Swiss Med Team DERM ART

Patient sheet – Personal data

Personal data

Surname

Firstname

Street / House number

Postcode / City

Date of birth

Sex ☐ Female ☐ Male

Nationality

Professional activity

AHV-Number 756.

Guardian/authorized person

Surname

Firstname

Living will/advance directive

Do you have ☐ a living will? ☐ an advance directive?

Contact details

Personal contact details

Tel. Private

Tel. Store

Tel. Mobile

E-Mail

Emergency contact person

☐ Spouse ☐ Life partner ☐ Parent/part ☐ Daughter/Son

☐ Other:

Firstname / Surname

Address / Place

Phone

Family doctor

Practice name

Name doctor / female doctor

Place

Health insurance

Health insurance

Model Franchise

Place

Insurance number

Appointment cancellations
Insurance numberAppointments must be canceled at least 24 hours in advance, by phone or mail, if you are unable to attend, otherwise you will be charged CHF 50.

Invoicing
IWe will send your invoice directly to your health insurance company. If you would like the invoice to go to you instead of the insurance company, please let us know.
My physician is permitted to forward the data required for billing to the billing institution as well as to the institution charged with any debt collection or to the lawyer involved as well as to the competent state authorities. For patients residing abroad or with a foreign health insurance company, payment on the spot is obligatory.

Quality Management & Data Protection
We attach great importance to a high quality of care. In order to continuously improve medical quality and patient safety, we periodically have medical histories reviewed by internal and external specialists on a random basis. With your consent to the further use of your data, you contribute to the demand for the best possible care and patient safety. If data is given externally for study purposes, it is anonymized and no conclusions can be drawn about you. We treat your data confidentially and protect it against unauthorized access.

Authorization
My physician is authorized to request medical files on me for inspection and to send medical results to the post-treatment physician

Medications, aesthetic or care products that you receive from your doctor or that we order for you cannot be exchanged or refunded. Even if you do not pick up your order, you will be charged for it in any case. Of course, you may bring the old medications to our practice or to your nearest pharmacy for proper disposal.

Place/Date _____ **Signature** _____

Swiss Med Team DERM ART

Consent to send e-mails

Due to data protection and security regulations in e-mail traffic, Swiss Med Team AG and Derm Art are generally prohibited from sending personal data in simple, unencrypted e-mails.
Therefore, the classic paper form should always be used for corresponding correspondence. In the event that you nevertheless wish to receive your report by e-mail, in deviation from the current regulations, the sending of such data in simple, unencrypted e-mails is only permitted if a signed declaration - scanned and returned by e-mail or in paper form - is provided by you. You will therefore be given the opportunity to make such a declaration below.
I agree with the correspondence or the sending of data in PDF, MS Word or JPG format via
simple e-mail to the above e-mail address. I am aware that the e-mails sent to me in this
may contain personal data or data subject to medical secrecy.
I am aware of the risks associated with the sending of such e-mails - in particular the unauthorized
I am aware of the risks involved in sending such e-mails - in particular unauthorized access and use by third parties - and I assume full responsibility for them.

I do not wish to receive medical reports by mail, please check:

☐ I do not consent to mailings of any kind, regarding medical correspondence.

I wish to receive medical reports by mail, please tick and confirm with your details and signature:

☐ I consent to mailings of any kind, regarding medical correspondence.

Place, date

Signature of patient or elected representative
