



# Praxis Dr. Adam Alfred

Kinderarzt, Kinder- und Jugendpsychiater  
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Munich, \_\_\_\_\_

## Patient Registration Form

Child: Name: \_\_\_\_\_ Surname: \_\_\_\_\_ born: \_\_\_\_\_

Mother: Name: \_\_\_\_\_ Surname: \_\_\_\_\_ born: \_\_\_\_\_

Father: Name: \_\_\_\_\_ Surname: \_\_\_\_\_ born: \_\_\_\_\_

Custody:

shared custody

Family situation:

living together

**or**

living separately

Sole custody:

Mother

**or**

Father

**(for parents who live separately and share custody a consent form from the other parent is necessary, otherwise we cannot treat the child)**

Address of the custodian: \_\_\_\_\_

Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-Mail-Adress: \_\_\_\_\_

**Private Health Insurance & Primary**

**Subscriber:** \_\_\_\_\_

Billing address, if different: \_\_\_\_\_

Reason for visit: \_\_\_\_\_

Notes: \_\_\_\_\_

We need a **notice for cancellations (at least 24 hours before the appointment)** by Fax, Email or Telephone. For cancellations at short notice the full amount of the appointment will be charged unless medical certificate is provided.

Please note, that the composition of Medical Certificates (for example Dyslexia, Dyscalculia, etc.) are charged additionally to the costs of the examination. Private insurances may cover these costs. According to the medical fee schedule GOÄ the costs can vary from 350€ to 500€ for a standard medical certificate (for example for the youth welfare apartment) and approx. 50€ for a medical statement, which is normally sufficient for schools. If in doubt, please ask for a cost estimate. Please note that the insurance refunds are restricted in some cases of psychiatric/psychological issues.

With your signature on the registration form, you declare that you are prepared to pay any premiums that insurance company may not be reimbursed by the insurance company.

**Please bring the following documents to your appointment:**

- ✓ A copy of the last school report(s)
- ✓ If applicable; copies of previous medical documents
- ✓ **Consent form of the second parent, in case you share custody but live separately**

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Signature of the Custodian



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Munich, \_\_\_\_\_

## Medical history – reported by parent(s)

Child's name and surname: \_\_\_\_\_ Age: \_\_\_\_\_

Reason for appointment: \_\_\_\_\_

Onset of problematic behaviour: \_\_\_\_\_

Family status (living together/seperated; child custody joint/sole; sisters or brothers):  
\_\_\_\_\_  
\_\_\_\_\_

Age of mother/father: \_\_\_\_\_

Profession of mother/father: \_\_\_\_\_

Pre-existing conditions in the family: \_\_\_\_\_  
\_\_\_\_\_

Burdensome/straining factors: \_\_\_\_\_  
\_\_\_\_\_

## **Baby- and toddler**

Pregnancy (normal, smoking, alcohol during the childbearing period, tocolytics etc.):  
\_\_\_\_\_  
\_\_\_\_\_

Birth (prematurity, oxygen deficiency etc.): \_\_\_\_\_

Preventive medical check-ups (U1-U9): \_\_\_\_\_

Motor skills: \_\_\_\_\_

Language skills: \_\_\_\_\_

Potty training: \_\_\_\_\_

### **Nursery/Play school**

Behavioral peculiarity (Separation anxiety, Hyperactivity etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sickness/Surgery/Accident/Allergy (Epilepsy, Meningitis, Craniocerebral Injury):

\_\_\_\_\_

### **School**

School enrolment: \_\_\_\_\_

Day-care or other institutions: \_\_\_\_\_

Relevant life events: \_\_\_\_\_

\_\_\_\_\_

### **Therapies**

Previous treatments, therapeutic interventions or hospital stay (day clinic, admission, duration and reason, concluded/currently running?):

\_\_\_\_\_

\_\_\_\_\_

**Suspected diagnosis und further procedure:**